
Wisconsin Hospice Directory

2001

August 2002

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

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FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2001 Annual Survey of Hospices, conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Supportive Living.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2001 survey represents the third year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. Martha Davis, acting chief, Workforce and Provider Survey Section, and Vonnice Buske, Deputy Director, Bureau of Health Information, provided supervision. Sandra Breitborde, Director, Bureau of Health Information, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information, P.O. Box 309, Madison, WI 53701-0309, telephone (608) 267-9055, or e-mail connejp@dhfs.state.wi.us.

To obtain an additional copy of this directory, please send a \$5.00 check (made payable to the Division of Health Care Financing), along with a note requesting the 2001 Hospice Directory, to the following address:

Division of Health Care Financing
Bureau of Health Information
ATTN: Joan Gugel
P.O. Box 309
Madison WI 53701-0309

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INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2001 were obtained from the third Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Supportive Living. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 61 hospices that submitted a 2001 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2001). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Comfort Care & Hospice Services in Wausau (Page 24). To calculate the number of patients served by this hospice who were age 65 to 74, divide the percentage for the age group (22.3%) by 100 (.223) and multiply the result by the total number of patients served during the year (524). The product (.223 x 524) is 116.85, which when rounded to 117 is the number of unduplicated patients age 65 to 74 served by this hospice during the 2001 calendar year.

Regional Hospice Services, Inc.
2101 Beaser Avenue
Ashland WI 54806

License Number: 526
County: Ashland
(715) 682-8677

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Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 24
Unduplicated Patient Count for 2001: 212
Average Daily Census: 25
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	41.0%	Medicare	95.8%
20 to 54	4.7	(cancer)	75.0%	Hospital	15.6	Medicaid	4.2
55 to 64	20.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	25.5	disease	11.8	Patient's family	31.1	Managed Care/HMO	0.0
75 to 84	27.8	Pulmonary disease	3.3	Home health agency	4.2	PACE/Partnership	0.0
85 to 94	19.3	Renal failure/		Nursing home	5.2	Private Insurance	0.0
95 & over	1.9	kidney disease	2.8	Other	2.8	Self Pay	0.0
Total Patients	212	Diabetes	0.0	Total Patients	212	Other	0.0
		Alzheimer's disease	0.9			Caseload	24
Male	53.3%	AIDS	0.5				
Female	46.7	ALS	0.0				
Total Patients	212	Other	5.7				
		Total Patients	212				
TOTAL ADMISSIONS	196						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	194	Medicare	80.1%	Routine home care	98.1%	Administrators	2.0
		Medicaid	5.1	Continuous care	0.1	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	9.3
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	1.2	Lic. Prac. Nurses	0.0
appropriate	2.1%	PACE/Partnership	0.0	Respite care	0.7	Hospice Aides	4.6
Transferred:		Private Insurance	13.8	Total Patient Days	9,138	Physical Therapists	0.0
care provided by		Self Pay	0.5			Occupational Therapists	0.0
another hospice	1.5	Other	0.5	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	196	Private residence	91.7%	Pathologists	0.0
hospice benefit	6.7			Nursing home	4.2	Bereavement Counselors	0.0
Other	0.0			Hospice res. fac.	0.0	Social Workers	1.5
Deaths	89.7	DEATHS BY SITE		Assisted living:		Dietary	0.0
Total Discharges	194	OF OCCURRENCE		Residential care		Volunteer Coordinator	0.4
		Private residence	74.1%	apt. complex	0.0	Chaplain	0.9
		Nursing home	17.2	Adult family home	0.0	Clerical/Office Support	2.7
		Hospice res. fac.	0.0	Community-based		Other	0.0
		Assisted living:		res. facility	0.0	Total FTEs	21.4
DISCHARGES BY LENGTH OF STAY		Residential care		Inpatient facility	4.2		
1 - 7 days	27.3%	apt. complex	0.0	Other site	0.0	* Full-time equivalents	
8 - 14 days	14.9	Adult family home	0.0	Caseload	24		
15 - 30 days	16.0	Community-based				Volunteers who served	
31 - 60 days	20.6	res. facility	1.1			patients of the	
61 - 90 days	7.2	Inpatient facility	7.5			hospice in 2001:	153
91 - 180 days	8.2	Other site	0.0				
181 days - 1 year	2.1	Total Deaths	174			Total hours of	
1 year or more	3.6					service provided	
Total Discharges	194					during 2001 by these	
						volunteers:	3,700

December 31, 2001 Caseload:	3
Unduplicated Patient Count for 2001:	54
Average Daily Census:	6
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT		COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE			
Under 20	0.0%	Malignant neoplasm		Physician	38.9%	Medicare	100.0%								
20 to 54	1.9	(cancer)	75.9%	Hospital	42.6	Medicaid	0.0								
55 to 64	11.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0								
65 to 74	29.6	disease	14.8	Patient's family	13.0	Managed Care/HMO	0.0								
75 to 84	44.4	Pulmonary disease	3.7	Home health agency	0.0	PACE/Partnership	0.0								
85 to 94	9.3	Renal failure/		Nursing home	0.0	Private Insurance	0.0								
95 & over	3.7	kidney disease	3.7	Other	5.6	Self Pay	0.0								
Total Patients	54	Diabetes	0.0	Total Patients	54	Other	0.0								
		Alzheimer's disease	1.9			Caseload	3								
Male	63.0%	AIDS	0.0												
Female	37.0	ALS	0.0												
Total Patients	54	Other	0.0												
		Total Patients	54												
TOTAL ADMISSIONS		53		ADMISSIONS BY PAY SOURCE				PATIENT DAYS BY LEVEL OF CARE				STAFFING		FTEs*	
TOTAL DISCHARGES		54		Medicare		84.9%		Routine home care		95.2%		Administrators		0.2	
				Medicaid		9.4		Continuous care		0.0		Physicians		0.0	
REASON FOR DISCHARGE				Medicare/Medicaid		0.0		Inpatient care: acute				Registered Nurses		2.1	
Hospice care not appropriate		3.7%		Managed Care/HMO		0.0		symptom mgmt		2.5		Lic. Prac. Nurses		0.0	
Transferred:				PACE/Partnership		0.0		Respite care		2.3		Hospice Aides		0.8	
care provided by another hospice		0.0		Private Insurance		3.8		Total Patient Days		2,166		Physical Therapists		0.0	
Revocation of hospice benefit		14.8		Self Pay		0.0		CASELOAD ON 12/31/01				Occupational Therapists		0.0	
Other		0.0		Other		1.9		BY LIVING ARRANGEMENTS				Speech/Language			
Deaths		81.5		Total Admissions		53		Private residence		100.0%		Pathologists		0.0	
Total Discharges		54						Nursing home		0.0		Bereavement Counselors		0.2	
				DEATHS BY SITE OF OCCURRENCE				Hospice res. fac.		0.0		Social Workers		0.3	
DISCHARGES BY LENGTH OF STAY				Private residence		79.5%		Assisted living:				Dietary		0.0	
1 - 7 days		31.5%		Nursing home		0.0		Residential care				Volunteer Coordinator		0.5	
8 - 14 days		20.4		Hospice res. fac.		0.0		apt. complex		0.0		Chaplain		0.0	
15 - 30 days		9.3		Assisted living:				Adult family home		0.0		Clerical/Office Support		0.1	
31 - 60 days		18.5		Residential care				Community-based				Other		0.0	
61 - 90 days		7.4		apt. complex		0.0		res. facility		0.0		Total FTEs		4.2	
91 - 180 days		11.1		Adult family home		0.0		res. facility		0.0					
181 days - 1 year		0.0		Community-based				Inpatient facility		0.0		* Full-time equivalents			
1 year or more		1.9		res. facility		0.0		Other site		0.0		Volunteers who served patients of the hospice in 2001:		30	
Total Discharges		54		Inpatient facility		20.5		Caseload		3		Total hours of service provided during 2001 by these volunteers:		1,463	

Unity Hospice
 916 Willard Drive, Suite 100
 Green Bay WI 54324

License Number: 1503
 County: Brown
 (920) 494-0225

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Ownership of Hospice:	Proprietary Partnership	December 31, 2001 Caseload:	136
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	816
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	136
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	29.3%	Medicare	88.2%
20 to 54	11.0	(cancer)	59.9%	Hospital	37.0	Medicaid	0.0
55 to 64	11.9	Cardiovascular		Self-referral	4.4	Medicare/Medicaid	0.0
65 to 74	25.0	disease	15.3	Patient's family	16.3	Managed Care/HMO	0.0
75 to 84	29.0	Pulmonary disease	3.3	Home health agency	1.1	PACE/Partnership	0.0
85 to 94	20.7	Renal failure/		Nursing home	7.4	Private Insurance	11.8
95 & over	1.8	kidney disease	2.5	Other	4.5	Self Pay	0.0
Total Patients	816	Diabetes	0.0	Total Patients	816	Other	0.0
		Alzheimer's disease	2.8			Caseload	136
Male	49.9%	AIDS	0.1				
Female	50.1	ALS	0.5				
Total Patients	816	Other	15.6				
		Total Patients	816				
TOTAL ADMISSIONS	750						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	713	Medicare	74.5%	Routine home care	98.0%	Administrators	5.0
		Medicaid	3.6	Continuous care	0.0	Physicians	0.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	17.2
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	1.2	Lic. Prac. Nurses	2.5
appropriate	2.7%	PACE/Partnership	0.0	Respite care	0.8	Hospice Aides	5.7
Transferred:		Private Insurance	20.0	Total Patient Days	49,622	Physical Therapists	0.0
care provided by		Self Pay	1.9			Occupational Therapists	0.0
another hospice	0.6	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	750	Private residence	78.7%	Pathologists	0.0
hospice benefit	9.7			Nursing home	10.3	Bereavement Counselors	2.0
Other	0.0			Hospice res. fac.	0.0	Social Workers	6.0
Deaths	87.1	DEATHS BY SITE		Assisted living:		Dietary	0.0
Total Discharges	713	OF OCCURRENCE		Residential care		Volunteer Coordinator	1.0
		Private residence	63.8%	apt. complex	2.9	Chaplain	1.6
		Nursing home	15.1	Adult family home	0.0	Clerical/Office Support	7.0
		Hospice res. fac.	0.0	Community-based		Other	1.0
		Assisted living:		res. facility	5.1	Total FTEs	49.4
DISCHARGES BY LENGTH OF STAY		Residential care		Inpatient facility	2.9		
1 - 7 days	23.1%	apt. complex	0.0	Other site	0.0	* Full-time equivalents	
8 - 14 days	14.7	Adult family home	0.0	Caseload	136	Volunteers who served	
15 - 30 days	17.4	Community-based				patients of the	
31 - 60 days	17.4	res. facility	6.0			hospice in 2001:	125
61 - 90 days	7.7	Inpatient facility	15.1				
91 - 180 days	12.5	Other site	0.0			Total hours of	
181 days - 1 year	5.0	Total Deaths	621			service provided	
1 year or more	2.1					during 2001 by these	
Total Discharges	713					volunteers:	7,878

Ownership of Hospice:	Governmental County
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	1
Unduplicated Patient Count for 2001:	5
Average Daily Census:	0
Medicare Certified Inpatient Facility?	No

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AGE AND SEX OF UNDUPLICATED PATIENT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm (cancer)	40.0%	Physician	20.0%	Medicare	100.0%
20 to 54	20.0	Cardiovascular disease	0.0	Hospital	40.0	Medicaid	0.0
55 to 64	20.0	Pulmonary disease	0.0	Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	60.0	Renal failure/ kidney disease	20.0	Patient's family	40.0	Managed Care/HMO	0.0
75 to 84	0.0	Diabetes	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	0.0	Alzheimer's disease	20.0	Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	AIDS	0.0	Other	0.0	Self Pay	0.0
Total Patients	5	ALS	20.0	Total Patients	5	Other	0.0
		Other	0.0			Caseload	1
Male	60.0%	Total Patients	5	PATIENT DAYS BY LEVEL OF CARE			
Female	40.0			Routine home care	100.0%	STAFFING FTEs*	
Total Patients	5			Continuous care	0.0	Administrators	0.0
				Inpatient care: acute symptom mgmt	0.0	Physicians	0.0
TOTAL ADMISSIONS	4	ADMISSIONS BY PAY SOURCE		Respite care	0.0	Registered Nurses	0.0
		Medicare	75.0%	Total Patient Days	121	Lic. Prac. Nurses	0.0
TOTAL DISCHARGES	4	Medicaid	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS			
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Private residence	0.0%	Hospice Aides	0.0
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Nursing home	100.0	Physical Therapists	0.0
Transferred:		PACE/Partnership	0.0	Hospice res. fac.	0.0	Occupational Therapists	0.0
care provided by another hospice	0.0	Private Insurance	0.0	Assisted living: Residential care		Speech/Language Pathologists	0.0
Revocation of hospice benefit	0.0	Self Pay	0.0	apt. complex	0.0	Bereavement Counselors	0.0
Other	0.0	Other	25.0	Adult family home	0.0	Social Workers	0.0
Deaths	100.0	Total Admissions	4	Community-based res. facility	0.0	Dietary	0.0
Total Discharges	4	DEATHS BY SITE OF OCCURRENCE		Inpatient facility	0.0	Volunteer Coordinator	0.0
		Private residence	100.0%	Other site	0.0	Chaplain	0.0
DISCHARGES BY LENGTH OF STAY		Nursing home	0.0	Caseload	1	Clerical/Office Support	0.0
1 - 7 days	0.0%	Hospice res. fac.	0.0			Other	0.0
8 - 14 days	25.0	Assisted living:				Total FTEs	0.0
15 - 30 days	50.0	Residential care				* Full-time equivalents	
31 - 60 days	25.0	apt. complex	0.0			Volunteers who served patients of the hospice in 2001:	
61 - 90 days	0.0	Adult family home	0.0			4	
91 - 180 days	0.0	Community-based	0.0				
181 days - 1 year	0.0	res. facility	0.0				
1 year or more	0.0	Inpatient facility	0.0				
Total Discharges	4	Other site	0.0				
		Total Deaths	4				

Calumet Medical Center Hospice
 451 East Brooklyn
 Chilton WI 53014

License Number: 554
 County: Calumet
 (920) 849-7505

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Ownership of Hospice:	Nonprofit Corporation	December 31, 2001 Caseload:	2
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	27
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	25.9%	Medicare	100.0%
20 to 54	18.5	(cancer)	44.4%	Hospital	7.4	Medicaid	0.0
55 to 64	3.7	Cardiovascular		Self-referral	7.4	Medicare/Medicaid	0.0
65 to 74	22.2	disease	14.8	Patient's family	11.1	Managed Care/HMO	0.0
75 to 84	14.8	Pulmonary disease	11.1	Home health agency	11.1	PACE/Partnership	0.0
85 to 94	29.6	Renal failure/		Nursing home	25.9	Private Insurance	0.0
95 & over	11.1	kidney disease	0.0	Other	11.1	Self Pay	0.0
Total Patients	27	Diabetes	0.0	Total Patients	27	Other	0.0
		Alzheimer's disease	11.1			Caseload	2
Male	63.0%	AIDS	0.0				
Female	37.0	ALS	7.4				
Total Patients	27	Other	11.1				
		Total Patients	27				
TOTAL ADMISSIONS	26						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	25	Medicare	0.0%	Routine home care	100.0%	Administrators	0.2
		Medicaid	0.0	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	76.9	Inpatient care: acute		Registered Nurses	0.8
Hospice care not appropriate	4.0%	Managed Care/HMO	0.0	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Respite care	0.0	Hospice Aides	0.1
care provided by another hospice	0.0	Private Insurance	19.2	Total Patient Days	884	Physical Therapists	0.0
Revocation of hospice benefit	4.0	Self Pay	3.8			Occupational Therapists	0.0
Other	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	92.0	Total Admissions	26	Private residence	50.0%	Bereavement Counselors	0.3
Total Discharges	25			Nursing home	0.0	Social Workers	0.2
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	56.5%	Assisted living:		Volunteer Coordinator	0.3
		Nursing home	34.8	Residential care		Chaplain	0.1
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	0.2
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	2.1
		apt. complex	0.0	res. facility	50.0		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	8.7	Caseload	2	Volunteers who served patients of the hospice in 2001:	15
		Inpatient facility	0.0				
		Other site	0.0			Total hours of service provided during 2001 by these volunteers:	469
		Total Deaths	23				
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	40.0%						
8 - 14 days	8.0						
15 - 30 days	24.0						
31 - 60 days	16.0						
61 - 90 days	4.0						
91 - 180 days	8.0						
181 days - 1 year	0.0						
1 year or more	0.0						
Total Discharges	25						

License Number: 1524 Page 6
County: Chippewa
(715) 726-3485

December 31, 2001 Caseload:	17
Unduplicated Patient Count for 2001:	151
Average Daily Census:	17
Medicare Certified Inpatient Facility?	No

[illegible]

Prairie du Chien Hospice
705 East Taylor Street
Prairie du Chien WI 53821

License Number: 1513
County: Crawford
(608) 357-2000

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 18
Unduplicated Patient Count for 2001: 137
Average Daily Census: 12
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	70.1%	Medicare	77.8%
20 to 54	6.6	(cancer)	59.9%	Hospital	16.1	Medicaid	5.6
55 to 64	5.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	5.6
65 to 74	24.1	disease	19.7	Patient's family	2.2	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	7.3	Home health agency	1.5	PACE/Partnership	0.0
85 to 94	26.3	Renal failure/		Nursing home	7.3	Private Insurance	11.1
95 & over	3.6	kidney disease	3.6	Other	2.9	Self Pay	0.0
Total Patients	137	Diabetes	0.0	Total Patients	137	Other	0.0
		Alzheimer's disease	2.9			Caseload	18
Male	38.7%	AIDS	0.0				
Female	61.3	ALS	0.7				
Total Patients	137	Other	5.8				
		Total Patients	137				
TOTAL ADMISSIONS	129						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	122	Medicare	80.6%	Routine home care	89.9%	Administrators	2.0
		Medicaid	3.9	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	5.4	Inpatient care: acute		Registered Nurses	3.9
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	9.7	Lic. Prac. Nurses	0.0
appropriate	5.7%	PACE/Partnership	0.0	Respite care	0.4	Hospice Aides	0.7
Transferred:		Private Insurance	10.1	Total Patient Days	4,379	Physical Therapists	0.0
care provided by		Self Pay	0.0			Occupational Therapists	0.0
another hospice	0.8	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	129	Private residence	50.0%	Pathologists	0.0
hospice benefit	4.9			Nursing home	27.8	Bereavement Counselors	0.3
Other	0.0			Hospice res. fac.	0.0	Social Workers	1.6
Deaths	88.5	DEATHS BY SITE		Assisted living:		Dietary	0.0
Total Discharges	122	OF OCCURRENCE		Residential care		Volunteer Coordinator	0.1
		Private residence	25.0%	apt. complex	0.0	Chaplain	0.0
		Nursing home	27.8	Adult family home	0.0	Clerical/Office Support	1.0
		Hospice res. fac.	0.0	Community-based		Other	0.0
		Assisted living:		res. facility	0.0	Total FTEs	9.5
DISCHARGES BY LENGTH OF STAY		Residential care		Inpatient facility	5.6		
1 - 7 days	37.7%	apt. complex	0.0	Other site	16.7	* Full-time equivalents	
8 - 14 days	12.3	Adult family home	0.0	Caseload	18		
15 - 30 days	23.8	Community-based				Volunteers who served	
31 - 60 days	13.9	res. facility	2.8			patients of the	
61 - 90 days	4.1	Inpatient facility	41.7			hospice in 2001:	14
91 - 180 days	4.1	Other site	2.8				
181 days - 1 year	0.8	Total Deaths	108			Total hours of	
1 year or more	3.3					service provided	
Total Discharges	122					during 2001 by these	
						volunteers:	626

Hospicecare, Inc.
5395 East Cheryl Parkway
Madison WI 53711

License Number: 1505
County: Dane
(608) 276-4660

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2001 Caseload: 168
Unduplicated Patient Count for 2001: 1,205
Average Daily Census: 151
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.7%	Malignant neoplasms		Physician	38.1%	Medicare	70.2%
20 to 54	11.4	(cancer)	59.4%	Hospital	34.2	Medicaid	5.4
55 to 64	11.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	10.1
65 to 74	19.8	disease	8.0	Patient's family	17.5	Managed Care/HMO	10.1
75 to 84	32.1	Pulmonary disease	7.4	Home health agency	1.9	PACE/Partnership	0.0
85 to 94	21.4	Renal failure/		Nursing home	6.3	Private Insurance	3.6
95 & over	2.8	kidney disease	2.6	Other	2.0	Self Pay	0.0
Total Patients	1,205	Diabetes	0.2	Total Patients	1,205	Other	0.6
		Alzheimer's disease	6.3			Caseload	168
Male	43.7%	AIDS	0.4				
Female	56.3	ALS	1.0				
Total Patients	1,205	Other	14.7				
		Total Patients	1,205				
TOTAL ADMISSIONS	1,107						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	1,076	Medicare	70.0%	Routine home care	93.3%	Administrators	9.7
		Medicaid	2.5	Continuous care	0.0	Physicians	0.8
		Medicare/Medicaid	7.8	Inpatient care: acute		Registered Nurses	37.1
REASON FOR DISCHARGE		Managed Care/HMO	11.2	symptom mgmt	5.9	Lic. Prac. Nurses	4.8
Hospice care not appropriate	3.5%	PACE/Partnership	0.0	Respite care	0.8	Hospice Aides	11.8
Transferred:		Private Insurance	8.5	Total Patient Days	55,168	Physical Therapists	0.0
care provided by another hospice	1.3	Self Pay	0.0			Occupational Therapists	0.0
Revocation of hospice benefit	1.7	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Other	3.6	Total Admissions	1,107	Private residence	72.6%	Bereavement Counselors	4.8
Deaths	89.9			Nursing home	5.4	Social Workers	8.8
Total Discharges	1,076			Hospice res. fac.	3.0	Dietary	0.0
		DEATHS BY SITE OF OCCURRENCE		Assisted living:		Volunteer Coordinator	2.1
		Private residence	39.7%	Residential care		Chaplain	2.1
		Nursing home	6.8	apt. complex	.	Clerical/Office Support	26.1
		Hospice res. fac.	4.3	Adult family home	.	Other	3.4
		Assisted living:		Community-based		Total FTEs	111.4
DISCHARGES BY LENGTH OF STAY		Residential care		res. facility	.		
1 - 7 days	31.0%	Inpatient facility	38.2	Inpatient facility	3.6	* Full-time equivalents	
8 - 14 days	15.9	Other site	0.0	Other site	0.0		
15 - 30 days	13.9	Total Deaths	967	Caseload	168	Volunteers who served patients of the hospice in 2001:	511
31 - 60 days	15.4						
61 - 90 days	8.6						
91 - 180 days	9.7						
181 days - 1 year	3.8						
1 year or more	1.6						
Total Discharges	1,076					Total hours of service provided during 2001 by these volunteers:	21,326

License Number: 1518 Page 9
County: Dodge
(920) 887-4050

December 31, 2001 Caseload:	8
Unduplicated Patient Count for 2001:	88
Average Daily Census:	11
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	73.9%	Medicare	87.5%
20 to 54	9.1	(cancer)	79.5%	Hospital	25.0	Medicaid	0.0
55 to 64	11.4	Cardiovascular		Self-referral	1.1	Medicare/Medicaid	0.0
65 to 74	19.3	disease	8.0	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	39.8	Pulmonary disease	4.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Nursing home	0.0	Private Insurance	12.5
95 & over	2.3	kidney disease	2.3	Other	0.0	Self Pay	0.0
Total Patients	88	Diabetes	0.0	Total Patients	88	Other	0.0
		Alzheimer's disease	0.0			Caseload	8
Male	54.5%	AIDS	1.1				
Female	45.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	88	Other	4.5	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	88	Routine home care	99.1%	Administrators	0.5
TOTAL ADMISSIONS	80			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Registered Nurses	2.4
TOTAL DISCHARGES	80	Medicare	77.5%	symptom mgmt	0.4	Lic. Prac. Nurses	0.0
		Medicaid	2.5	Respite care	0.5	Hospice Aides	0.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	3,897	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	1.3%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	20.0	BY LIVING ARRANGEMENTS		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	62.5%	Bereavement Counselors	0.2
another hospice	1.3	Other	0.0	Nursing home	25.0	Social Workers	0.6
Revocation of		Total Admissions	80	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	8.8			Assisted living:		Volunteer Coordinator	0.2
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	88.8	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.6
Total Discharges	80	Private residence	69.0%	Adult family home	0.0	Other	0.0
		Nursing home	15.5	Community-based		Total FTEs	4.8
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	12.5		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	27.5%	Residential care		Other site	0.0		
8 - 14 days	13.8	apt. complex	0.0	Caseload	8	Volunteers who served	
15 - 30 days	23.8	Adult family home	0.0			patients of the	
31 - 60 days	15.0	Community-based				hospice in 2001:	24
61 - 90 days	7.5	res. facility	9.9				
91 - 180 days	8.8	Inpatient facility	5.6			Total hours of	
181 days - 1 year	3.8	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	71			during 2001 by these	
Total Discharges	80					volunteers:	1,100

Northwest Wisconsin Homecare Hospice
2620 Stein Boulevard, Box 2060
Eau Claire WI 54702

License Number: 1519
County: Eau Claire
(715) 831-0100

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Ownership of Hospice:	Private Nonprofit
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	39
Unduplicated Patient Count for 2001:	218
Average Daily Census:	32
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.4%	Malignant neoplasm		Physician	28.4%	Medicare	87.2%
20 to 54	8.7	(cancer)	62.4%	Hospital	29.4	Medicaid	0.0
55 to 64	11.9	Cardiovascular		Self-referral	5.5	Medicare/Medicaid	0.0
65 to 74	20.6	disease	11.0	Patient's family	15.6	Managed Care/HMO	2.6
75 to 84	33.0	Pulmonary disease	7.3	Home health agency	1.8	PACE/Partnership	2.6
85 to 94	21.1	Renal failure/		Nursing home	12.4	Private Insurance	7.7
95 & over	3.2	kidney disease	3.7	Other	6.9	Self Pay	0.0
Total Patients	218	Diabetes	0.0	Total Patients	218	Other	0.0
		Alzheimer's disease	3.2			Caseload	39
Male	47.2%	AIDS	0.5				
Female	52.8	ALS	1.4	PATIENT DAYS BY			
Total Patients	218	Other	10.6	LEVEL OF CARE			
		Total Patients	218	Routine home care	99.4%	STAFFING	FTEs*
TOTAL ADMISSIONS	196			Continuous care	0.2	Administrators	2.5
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.1
TOTAL DISCHARGES	185	Medicare	81.1%	symptom mgmt	0.3	Registered Nurses	3.5
		Medicaid	4.1	Respite care	0.1	Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	11,661	Hospice Aides	1.4
Hospice care not		Managed Care/HMO	1.0			Physical Therapists	0.1
appropriate	0.0%	PACE/Partnership	2.0	CASELOAD ON 12/31/01		Occupational Therapists	0.1
Transferred:		Private Insurance	11.7	BY LIVING ARRANGEMENTS		Speech/Language	
care provided by		Self Pay	0.0	Private residence	71.8%	Pathologists	0.0
another hospice	0.0	Other	0.0	Nursing home	17.9	Bereavement Counselors	1.3
Revocation of		Total Admissions	196	Hospice res. fac.	0.0	Social Workers	4.3
hospice benefit	10.3			Assisted living:		Dietary	0.0
Other	0.0	DEATHS BY SITE		Residential care		Volunteer Coordinator	0.0
Deaths	89.7	OF OCCURRENCE		apt. complex	0.0	Chaplain	0.0
Total Discharges	185	Private residence	69.9%	Adult family home	2.6	Clerical/Office Support	4.8
		Nursing home	15.7	Community-based		Other	0.0
		Hospice res. fac.	0.0	res. facility	7.7	Total FTEs	18.0
DISCHARGES BY		Assisted living:		Inpatient facility	0.0		
LENGTH OF STAY		Residential care		Other site	0.0	* Full-time equivalents	
1 - 7 days	29.7%	apt. complex	0.0	Caseload	39	Volunteers who served	
8 - 14 days	13.5	Adult family home	3.0			patients of the	
15 - 30 days	18.4	Community-based				hospice in 2001:	28
31 - 60 days	14.6	res. facility	8.4				
61 - 90 days	7.6	Inpatient facility	3.0			Total hours of	
91 - 180 days	9.7	Other site	0.0			service provided	
181 days - 1 year	4.9	Total Deaths	166			during 2001 by these	
1 year or more	1.6					volunteers:	1,189
Total Discharges	185						

St. Agnes Hospital Hospice Hope
 239 Trowbridge, Box 385
 Fond du Lac WI 54936

License Number: 1512
 County: Fond du Lac
 (920) 906-1000

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	50
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	501
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	70
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasms		Physician	14.8%	Medicare	80.0%
20 to 54	9.4	(cancer)	59.5%	Hospital	21.0	Medicaid	2.0
55 to 64	8.6	Cardiovascular		Self-referral	4.0	Medicare/Medicaid	0.0
65 to 74	18.8	disease	13.2	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	4.0	Home health agency	2.4	PACE/Partnership	0.0
85 to 94	26.7	Renal failure/		Nursing home	2.0	Private Insurance	16.0
95 & over	2.8	kidney disease	4.6	Other	55.9	Self Pay	0.0
Total Patients	501	Diabetes	0.0	Total Patients	501	Other	2.0
		Alzheimer's disease	3.6			Caseload	50
Male	48.1%	AIDS	0.2				
Female	51.9	ALS	0.8				
Total Patients	501	Other	14.2				
		Total Patients	501				
TOTAL ADMISSIONS	428						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	478	Medicare	82.7%	Routine home care	99.9%	Administrators	1.0
		Medicaid	1.6	Continuous care	0.0	Physicians	0.1
		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	13.5
REASON FOR DISCHARGE		Managed Care/HMO	0.0	symptom mgmt	0.1	Lic. Prac. Nurses	0.0
Hospice care not		PACE/Partnership	0.0	Respite care	0.0	Hospice Aides	12.1
appropriate	1.3%	Private Insurance	15.0	Total Patient Days	25,533	Physical Therapists	0.0
Transferred:		Self Pay	0.0			Occupational Therapists	0.0
care provided by		Other	0.7	CASELOAD ON 12/31/01		Speech/Language	
another hospice	3.6	Total Admissions	428	BY LIVING ARRANGEMENTS		Pathologists	0.0
Revocation of				Private residence	48.0%	Bereavement Counselors	1.0
hospice benefit	1.3			Nursing home	18.0	Social Workers	1.6
Other	4.2			Hospice res. fac.	24.0	Dietary	0.0
Deaths	89.7	DEATHS BY SITE		Assisted living:		Volunteer Coordinator	2.2
Total Discharges	478	OF OCCURRENCE		Residential care		Chaplain	0.1
		Private residence	43.4%	apt. complex	0.0	Clerical/Office Support	1.0
		Nursing home	20.0	Adult family home	4.0	Other	0.0
		Hospice res. fac.	25.4	Community-based		Total FTEs	32.5
DISCHARGES BY LENGTH OF STAY		Assisted living:		res. facility	6.0		
1 - 7 days	30.3%	Residential care		Inpatient facility	0.0	* Full-time equivalents	
8 - 14 days	12.8	apt. complex	3.5	Other site	0.0		
15 - 30 days	20.1	Adult family home	0.9	Caseload	50	Volunteers who served	
31 - 60 days	14.0	Community-based				patients of the	
61 - 90 days	9.2	res. facility	6.8			hospice in 2001:	221
91 - 180 days	9.6	Inpatient facility	0.0				
181 days - 1 year	3.6	Other site	0.0			Total hours of	
1 year or more	0.4	Total Deaths	429			service provided	
Total Discharges	478					during 2001 by these	
						volunteers:	16,451

The Monroe Clinic Hospice
 515 22nd Avenue
 Monroe WI 53566

License Number: 1523
 County: Green
 (608) 324-1230

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Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 13
 Unduplicated Patient Count for 2001: 108
 Average Daily Census: 11
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	86.1%	Medicare	92.3%
20 to 54	7.4	(cancer)	55.6%	Hospital	7.4	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	18.5	disease	13.0	Patient's family	1.9	Managed Care/HMO	0.0
75 to 84	32.4	Pulmonary disease	10.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	26.9	Renal failure/		Nursing home	4.6	Private Insurance	7.7
95 & over	3.7	kidney disease	1.9	Other	0.0	Self Pay	0.0
Total Patients	108	Diabetes	0.0	Total Patients	108	Other	0.0
		Alzheimer's disease	10.2			Caseload	13
Male	44.4%	AIDS	0.0				
Female	55.6	ALS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Total Patients	108	Other	9.3	Routine home care	98.6%	STAFFING	FTEs*
		Total Patients	108	Continuous care	0.0	Administrators	1.0
TOTAL ADMISSIONS	99	ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.0
TOTAL DISCHARGES	97	Medicare	86.9%	symptom mgmt	1.2	Registered Nurses	3.4
		Medicaid	2.0	Respite care	0.2	Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	3,867	Hospice Aides	0.6
Hospice care not		Managed Care/HMO	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS			
appropriate	11.3%	PACE/Partnership	0.0	Private residence	53.8%	Physical Therapists	0.0
Transferred:		Private Insurance	11.1	Nursing home	30.8	Occupational Therapists	0.0
care provided by		Self Pay	0.0	Hospice res. fac.	0.0	Speech/Language	
another hospice	1.0	Other	0.0	Assisted living:		Pathologists	0.0
Revocation of		Total Admissions	99	Residential care		Bereavement Counselors	0.5
hospice benefit	0.0	DEATHS BY SITE OF OCCURRENCE		apt. complex	0.0	Social Workers	0.8
Other	0.0	Private residence	44.7%	Adult family home	0.0	Dietary	0.1
Deaths	87.6	Nursing home	34.1	Community-based		Volunteer Coordinator	0.5
Total Discharges	97	Hospice res. fac.	0.0	res. facility	15.4	Chaplain	0.2
DISCHARGES BY LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	Clerical/Office Support	1.0
1 - 7 days	20.6%	Residential care		Other site	0.0	Other	0.0
8 - 14 days	22.7	apt. complex	0.0	Caseload	13	Total FTEs	8.0
15 - 30 days	21.6	Adult family home	0.0				
31 - 60 days	18.6	Community-based		* Full-time equivalents			
61 - 90 days	8.2	res. facility	16.5	Volunteers who served			
91 - 180 days	8.2	Inpatient facility	4.7	patients of the			
181 days - 1 year	0.0	Other site	0.0	hospice in 2001: 43			
1 year or more	0.0	Total Deaths	85	Total hours of			
Total Discharges	97			service provided			
				during 2001 by these			
				volunteers: 2,391			

Upland Hills Hospice
800 Compassion Way
Dodgeville WI 53533

License Number: 545
County: Iowa
(608) 930-7220

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 10
Unduplicated Patient Count for 2001: 71
Average Daily Census: 13
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	85.9%	Medicare	90.0%
20 to 54	9.9	(cancer)	66.2%	Hospital	1.4	Medicaid	0.0
55 to 64	16.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	19.7	disease	12.7	Patient's family	5.6	Managed Care/HMO	10.0
75 to 84	33.8	Pulmonary disease	2.8	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	16.9	Renal failure/		Nursing home	4.2	Private Insurance	0.0
95 & over	2.8	kidney disease	5.6	Other	1.4	Self Pay	0.0
Total Patients	71	Diabetes	0.0	Total Patients	71	Other	0.0
		Alzheimer's disease	0.0			Caseload	10
Male	50.7%	AIDS	0.0				
Female	49.3	ALS	1.4				
Total Patients	71	Other	11.3				
		Total Patients	71				
TOTAL ADMISSIONS	66						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	66	Medicare	86.4%	Routine home care	98.6%	Administrators	0.4
		Medicaid	0.0	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	2.4
Hospice care not appropriate	4.5%	Managed Care/HMO	3.0	symptom mgmt	0.2	Lic. Prac. Nurses	0.5
Transferred:		PACE/Partnership	0.0	Respite care	1.3	Hospice Aides	0.5
care provided by another hospice	3.0	Private Insurance	7.6	Total Patient Days	4,766	Physical Therapists	0.0
Revocation of hospice benefit	15.2	Self Pay	1.5			Occupational Therapists	0.0
Other	0.0	Other	1.5	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	77.3	Total Admissions	66	Private residence	90.0%	Bereavement Counselors	0.3
Total Discharges	66			Nursing home	10.0	Social Workers	0.9
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	62.7%	Assisted living:		Volunteer Coordinator	0.8
		Nursing home	17.6	Residential care		Chaplain	0.0
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	1.0
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	6.6
		apt. complex	0.0	res. facility	0.0		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	9.8	Caseload	10	Volunteers who served patients of the hospice in 2001:	38
		Inpatient facility	9.8			Total hours of service provided during 2001 by these volunteers:	1,411
		Other site	0.0				
		Total Deaths	51				
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	9.1%						
8 - 14 days	15.2						
15 - 30 days	16.7						
31 - 60 days	15.2						
61 - 90 days	13.6						
91 - 180 days	15.2						
181 days - 1 year	15.2						
1 year or more	0.0						
Total Discharges	66						

Rainbow Hospice Care, Inc.
147 West Rockwell Street
Jefferson WI 53549

License Number: 508
County: Jefferson
(920) 674-6255

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Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 20
Unduplicated Patient Count for 2001: 180
Average Daily Census: 20
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	29.4%	Medicare	80.0%
20 to 54	10.6	(cancer)	75.0%	Hospital	35.0	Medicaid	0.0
55 to 64	8.3	Cardiovascular		Self-referral	2.8	Medicare/Medicaid	0.0
65 to 74	29.4	disease	4.4	Patient's family	23.9	Managed Care/HMO	0.0
75 to 84	26.1	Pulmonary disease	5.6	Home health agency	2.2	PACE/Partnership	0.0
85 to 94	21.7	Renal failure/		Nursing home	6.7	Private Insurance	15.0
95 & over	3.3	kidney disease	1.7	Other	0.0	Self Pay	5.0
Total Patients	180	Diabetes	0.0	Total Patients	180	Other	0.0
		Alzheimer's disease	5.0			Caseload	20
Male	48.9%	AIDS	0.6				
Female	51.1	ALS	0.0				
Total Patients	180	Other	7.8				
		Total Patients	180				
TOTAL ADMISSIONS	178						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	174	Medicare	73.6%	Routine home care	98.1%	Administrators	1.0
		Medicaid	2.8	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	6.2	Inpatient care: acute		Registered Nurses	5.5
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	0.7	Lic. Prac. Nurses	1.0
appropriate	5.2%	PACE/Partnership	0.0	Respite care	1.2	Hospice Aides	1.0
Transferred:		Private Insurance	17.4	Total Patient Days	7,211	Physical Therapists	0.0
care provided by		Self Pay	0.0			Occupational Therapists	0.0
another hospice	1.7	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	178	Private residence	55.0%	Pathologists	0.0
hospice benefit	9.2			Nursing home	15.0	Bereavement Counselors	0.6
Other	0.0	DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	1.6
Deaths	83.9	OF OCCURRENCE		Assisted living:		Dietary	0.0
Total Discharges	174	Private residence	72.6%	Residential care		Volunteer Coordinator	0.4
		Nursing home	14.4	apt. complex	0.0	Chaplain	0.0
		Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	1.5
		Assisted living:		Community-based		Other	0.0
		Residential care		res. facility	30.0	Total FTEs	12.6
		apt. complex	0.0	Inpatient facility	0.0		
		Adult family home	0.0	Other site	0.0	* Full-time equivalents	
		Community-based		Caseload	20	Volunteers who served	
		res. facility	7.5			patients of the	
		Inpatient facility	5.5			hospice in 2001:	45
		Other site	0.0				
		Total Deaths	146			Total hours of	
						service provided	
						during 2001 by these	
						volunteers:	1,064

December 31, 2001 Caseload:	39
Unduplicated Patient Count for 2001:	352
Average Daily Census:	52
Medicare Certified Inpatient Facility?	No

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Franciscan Skemp Hospice Service
 212 South 11th Street
 La Crosse WI 54601

License Number: 1507
 County: La Crosse
 (608) 791-9790

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	24
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	134
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	22
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	51.5%	Medicare	91.7%
20 to 54	7.5	(cancer)	57.5%	Hospital	20.1	Medicaid	0.0
55 to 64	10.4	Cardiovascular		Self-referral	9.7	Medicare/Medicaid	4.2
65 to 74	20.1	disease	17.2	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	34.3	Pulmonary disease	13.4	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	23.1	Renal failure/		Nursing home	15.7	Private Insurance	4.2
95 & over	4.5	kidney disease	1.5	Other	3.0	Self Pay	0.0
Total Patients	134	Diabetes	0.7	Total Patients	134	Other	0.0
		Alzheimer's disease	2.2			Caseload	24
Male	52.2%	AIDS	0.0				
Female	47.8	ALS	0.0				
Total Patients	134	Other	7.5				
		Total Patients	134				
TOTAL ADMISSIONS	118						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	112	Medicare	83.1%	Routine home care	98.1%	Administrators	0.5
		Medicaid	0.8	Continuous care	0.0	Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	2.8
Hospice care not appropriate	5.4%	Managed Care/HMO	0.0	symptom mgmt	0.8	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Respite care	1.1	Hospice Aides	1.5
care provided by another hospice	0.0	Private Insurance	15.3	Total Patient Days	7,934	Physical Therapists	0.0
Revocation of hospice benefit	2.7	Self Pay	0.8			Occupational Therapists	0.0
Other	0.9	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	91.1	Total Admissions	118	Private residence	83.3%	Bereavement Counselors	0.0
Total Discharges	112			Nursing home	12.5	Social Workers	1.2
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
DISCHARGES BY LENGTH OF STAY		Private residence	56.9%	Assisted living:		Volunteer Coordinator	0.0
1 - 7 days	25.0%	Nursing home	32.4	Residential care		Chaplain	0.5
8 - 14 days	19.6	Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	0.8
15 - 30 days	10.7	Assisted living:		Adult family home	4.2	Other	0.1
31 - 60 days	17.9	Residential care		Community-based		Total FTEs	7.4
61 - 90 days	7.1	apt. complex	0.0	res. facility	0.0		
91 - 180 days	11.6	Adult family home	5.9	Inpatient facility	0.0	* Full-time equivalents	
181 days - 1 year	7.1	Community-based		Other site	0.0		
1 year or more	0.9	res. facility	0.0	Caseload	24	Volunteers who served patients of the hospice in 2001:	34
Total Discharges	112	Inpatient facility	4.9			Total hours of service provided during 2001 by these volunteers:	799
		Other site	0.0				
		Total Deaths	102				

December 31, 2001 Caseload:	26
Unduplicated Patient Count for 2001:	202
Average Daily Census:	22
Medicare Certified Inpatient Facility?	No

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December 31, 2001 Caseload:	1
Unduplicated Patient Count for 2001:	21
Average Daily Census:	1
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	23.8%	Medicare	100.0%
20 to 54	9.5	(cancer)	71.4%	Hospital	28.6	Medicaid	0.0
55 to 64	9.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	14.3	Patient's family	23.8	Managed Care/HMO	0.0
75 to 84	23.8	Pulmonary disease	9.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	23.8	Renal failure/		Nursing home	19.0	Private Insurance	0.0
95 & over	0.0	kidney disease	4.8	Other	4.8	Self Pay	0.0
Total Patients	21	Diabetes	0.0	Total Patients	21	Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	71.4%	AIDS	0.0				
Female	28.6	ALS	0.0	PATIENT DAYS BY			
Total Patients	21	Other	0.0	LEVEL OF CARE			
		Total Patients	21	Routine home care	96.1%	STAFFING	FTEs*
TOTAL ADMISSIONS	20			Continuous care	0.0	Administrators	0.1
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.0
TOTAL DISCHARGES	20	Medicare	60.0%	symptom mgmt	2.2	Registered Nurses	0.8
		Medicaid	15.0	Respite care	1.7	Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	10.0	Total Patient Days	356	Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0			Physical Therapists	0.0
appropriate	5.0%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Occupational Therapists	0.0
Transferred:		Private Insurance	15.0	BY LIVING ARRANGEMENTS		Speech/Language	
care provided by		Self Pay	0.0	Private residence	100.0%	Pathologists	0.0
another hospice	0.0	Other	0.0	Nursing home	0.0	Bereavement Counselors	0.1
Revocation of		Total Admissions	20	Hospice res. fac.	0.0	Social Workers	0.0
hospice benefit	5.0			Assisted living:		Dietary	0.0
Other	0.0	DEATHS BY SITE		Residential care		Volunteer Coordinator	0.0
Deaths	90.0	OF OCCURRENCE		apt. complex	0.0	Chaplain	0.0
Total Discharges	20	Private residence	61.1%	Adult family home	0.0	Clerical/Office Support	0.1
		Nursing home	33.3	Community-based		Other	0.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0	Total FTEs	1.1
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0		
1 - 7 days	35.0%	Residential care		Other site	0.0	* Full-time equivalents	
8 - 14 days	15.0	apt. complex	0.0	Caseload	1	Volunteers who served	
15 - 30 days	30.0	Adult family home	0.0			patients of the	
31 - 60 days	20.0	Community-based				hospice in 2001:	8
61 - 90 days	0.0	res. facility	0.0				
91 - 180 days	0.0	Inpatient facility	5.6			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	18			during 2001 by these	
Total Discharges	20					volunteers:	273

Le Royer Hospice
 112 East Fifth Avenue
 Antigo WI 54409

License Number: 524
 County: Langlade
 (715) 623-2331

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	63
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	13
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	66.7%	Medicare	100.0%
20 to 54	1.6	(cancer)	65.1%	Hospital	15.9	Medicaid	0.0
55 to 64	12.7	Cardiovascular		Self-referral	1.6	Medicare/Medicaid	0.0
65 to 74	23.8	disease	17.5	Patient's family	15.9	Managed Care/HMO	0.0
75 to 84	31.7	Pulmonary disease	1.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	30.2	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	3.2	Other	0.0	Self Pay	0.0
Total Patients	63	Diabetes	0.0	Total Patients	63	Other	0.0
		Alzheimer's disease	1.6			Caseload	9
Male	61.9%	AIDS	0.0				
Female	38.1	ALS	1.6				
Total Patients	63	Other	9.5				
		Total Patients	63				
TOTAL ADMISSIONS	59						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	59	Medicare	88.1%	Routine home care	96.5%	Administrators	0.5
		Medicaid	3.4	Continuous care	0.0	Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	1.7	Inpatient care: acute		Registered Nurses	1.9
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	symptom mgmt	2.6	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Respite care	0.9	Hospice Aides	0.2
care provided by another hospice	0.0	Private Insurance	6.8	Total Patient Days	4,750	Physical Therapists	0.0
Revocation of hospice benefit	0.0	Self Pay	0.0			Occupational Therapists	0.0
Other	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	100.0	Total Admissions	59	Private residence	77.8%	Bereavement Counselors	0.5
Total Discharges	59			Nursing home	0.0	Social Workers	0.2
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	76.3%	Assisted living:		Volunteer Coordinator	0.0
		Nursing home	1.7	Residential care		Chaplain	0.3
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	0.0
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	3.7
		apt. complex	0.0	res. facility	22.2		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	6.8	Caseload	9	Volunteers who served patients of the hospice in 2001:	21
		Inpatient facility	15.3			Total hours of service provided during 2001 by these volunteers:	3,200
		Other site	0.0				
		Total Deaths	59				

Holy Family Memorial Hospice
 333 Reed Avenue, PO Box 1450
 Manitowoc WI 54221

License Number: 1527
 County: Manitowoc
 (920) 683-8437

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	68
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	6
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/01 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasms 58.8%	Physician 50.0%	Medicare 100.0%
20 to 54 1.5	(cancer)	Hospital 23.5	Medicaid 0.0
55 to 64 11.8	Cardiovascular	Self-referral 1.5	Medicare/Medicaid 0.0
65 to 74 22.1	disease 8.8	Patient's family 11.8	Managed Care/HMO 0.0
75 to 84 35.3	Pulmonary disease 10.3	Home health agency 7.4	PACE/Partnership 0.0
85 to 94 29.4	Renal failure/	Nursing home 4.4	Private Insurance 0.0
95 & over 0.0	kidney disease 4.4	Other 1.5	Self Pay 0.0
Total Patients 68	Diabetes 0.0	Total Patients 68	Other 0.0
	Alzheimer's disease 1.5		Caseload 4
Male 55.9%	AIDS 0.0		
Female 44.1	ALS 0.0	PATIENT DAYS BY LEVEL OF CARE	STAFFING FTEs*
Total Patients 68	Other 16.2	Routine home care 100.0%	Administrators 0.2
TOTAL ADMISSIONS 63	Total Patients 68	Continuous care 0.0	Physicians 0.0
TOTAL DISCHARGES 64	ADMISSIONS BY PAY SOURCE	Inpatient care: acute symptom mgmt 0.0	Registered Nurses 1.2
REASON FOR DISCHARGE	Medicare 85.7%	Respite care 0.0	Lic. Prac. Nurses 0.0
Hospice care not appropriate 1.6%	Medicaid 1.6	Total Patient Days 2,026	Hospice Aides 0.3
Transferred: care provided by another hospice 0.0	Medicare/Medicaid 0.0		Physical Therapists 0.0
Revocation of hospice benefit 1.6	Managed Care/HMO 0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS	Occupational Therapists 0.0
Other 0.0	PACE/Partnership 0.0	Private residence 75.0%	Speech/Language Pathologists 0.0
Deaths 96.9	Private Insurance 12.7	Nursing home 25.0	Bereavement Counselors 0.1
Total Discharges 64	Self Pay 0.0	Hospice res. fac. 0.0	Social Workers 0.2
	Other 0.0	Assisted living: Residential care	Dietary 0.0
DISCHARGES BY LENGTH OF STAY	Total Admissions 63	apt. complex 0.0	Volunteer Coordinator 0.6
1 - 7 days 32.8%	DEATHS BY SITE OF OCCURRENCE	Adult family home 0.0	Chaplain 0.2
8 - 14 days 17.2	Private residence 69.4%	Community-based res. facility 0.0	Clerical/Office Support 0.0
15 - 30 days 17.2	Nursing home 19.4	Inpatient facility 0.0	Other 0.8
31 - 60 days 20.3	Hospice res. fac. 0.0	Other site 0.0	Total FTEs 3.6
61 - 90 days 4.7	Assisted living: Residential care	Caseload 4	* Full-time equivalents
91 - 180 days 7.8	apt. complex 0.0		Volunteers who served patients of the hospice in 2001: 12
181 days - 1 year 0.0	Adult family home 0.0		Total hours of service provided during 2001 by these volunteers: 362
1 year or more 0.0	Community-based res. facility 11.3		
Total Discharges 64	Inpatient facility 0.0		
	Other site 0.0		
	Total Deaths 62		

Manitowoc County Community Hospice
 1004 Washington Street
 Manitowoc WI 54220

License Number: 1508
 County: Manitowoc
 (920) 684-7155

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Ownership of Hospice:	Proprietary Corporation	December 31, 2001 Caseload:	5
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	20
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	5.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	60.0%	Hospital	0.0	Medicaid	0.0
55 to 64	5.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	10.0	disease	10.0	Patient's family	65.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	5.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	40.0	Renal failure/		Nursing home	5.0	Private Insurance	0.0
95 & over	5.0	kidney disease	0.0	Other	25.0	Self Pay	0.0
Total Patients	20	Diabetes	0.0	Total Patients	20	Other	0.0
		Alzheimer's disease	15.0			Caseload	5
Male	35.0%	AIDS	0.0				
Female	65.0	ALS	0.0				
Total Patients	20	Other	10.0				
		Total Patients	20				
TOTAL ADMISSIONS	20						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	15	Medicare	95.0%	Routine home care	100.0%	Administrators	0.1
		Medicaid	0.0	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	0.3
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
appropriate	6.7%	PACE/Partnership	0.0	Respite care	0.0	Hospice Aides	0.7
Transferred:		Private Insurance	5.0	Total Patient Days	780	Physical Therapists	0.0
care provided by		Self Pay	0.0			Occupational Therapists	0.0
another hospice	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	20	Private residence	40.0%	Pathologists	0.0
hospice benefit	13.3			Nursing home	20.0	Bereavement Counselors	0.0
Other	0.0	DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	0.1
Deaths	80.0	OF OCCURRENCE		Assisted living:		Dietary	0.0
Total Discharges	15	Private residence	66.7%	Residential care		Volunteer Coordinator	0.0
		Nursing home	0.0	apt. complex	0.0	Chaplain	0.1
		Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	0.1
		Assisted living:		Community-based		Other	0.0
		Residential care		res. facility	40.0	Total FTEs	1.4
		apt. complex	0.0	Inpatient facility	0.0		
		Adult family home	0.0	Other site	0.0	* Full-time equivalents	
		Community-based		Caseload	5	Volunteers who served	
		res. facility	33.3			patients of the	
		Inpatient facility	0.0			hospice in 2001:	6
		Other site	0.0				
		Total Deaths	12			Total hours of	
DISCHARGES BY LENGTH OF STAY						service provided	
1 - 7 days	53.3%					during 2001 by these	
8 - 14 days	0.0					volunteers:	260
15 - 30 days	26.7						
31 - 60 days	0.0						
61 - 90 days	20.0						
91 - 180 days	0.0						
181 days - 1 year	0.0						
1 year or more	0.0						
Total Discharges	15						

333 Pine Ridge Boulevard
Wausau WI 54401

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Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	Yes

December 31, 2001 Caseload:	72
Unduplicated Patient Count for 2001:	524
Average Daily Census:	66
Medicare Certified Inpatient Facility?	Yes

[illegible]

December 31, 2001 Caseload:	54
Unduplicated Patient Count for 2001:	640
Average Daily Census:	67
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT		COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	22.5%	Medicare	81.5%						
20 to 54	12.2	(cancer)	66.4%	Hospital	53.9	Medicaid	9.3						
55 to 64	11.4	Cardiovascular		Self-referral	0.5	Medicare/Medicaid	0.0						
65 to 74	20.2	disease	13.6	Patient's family	3.3	Managed Care/HMO	0.0						
75 to 84	28.6	Pulmonary disease	5.9	Home health agency	8.9	PACE/Partnership	0.0						
85 to 94	23.9	Renal failure/		Nursing home	7.3	Private Insurance	9.3						
95 & over	3.0	kidney disease	2.7	Other	3.6	Self Pay	0.0						
Total Patients	640	Diabetes	5.3	Total Patients	640	Other	0.0						
		Alzheimer's disease	5.6			Caseload	54						
Male	44.5%	AIDS	0.3										
Female	55.5	ALS	0.2	PATIENT DAYS BY									
Total Patients	640	Other	0.0	LEVEL OF CARE									
		Total Patients	640	STAFFING FTEs*									
TOTAL ADMISSIONS	586	ADMISSIONS BY PAY SOURCE		Routine home care	92.6%	Administrators	2.0						
TOTAL DISCHARGES	605	Medicare	80.2%	Continuous care	0.0	Physicians	0.0						
REASON FOR DISCHARGE		Medicaid	2.9	Inpatient care: acute		Registered Nurses	11.5						
Hospice care not appropriate	7.9%	Medicare/Medicaid	0.0	symptom mgmt	6.8	Lic. Prac. Nurses	1.8						
Transferred:		Managed Care/HMO	0.0	Respite care	0.6	Hospice Aides	3.0						
care provided by another hospice	4.0	PACE/Partnership	0.0	Total Patient Days	24,602	Physical Therapists	0.0						
Revocation of hospice benefit	4.3	Private Insurance	16.6	CASELOAD ON 12/31/01									
Other	0.0	Self Pay	0.3	BY LIVING ARRANGEMENTS									
Deaths	83.8	Other	0.0	Private residence	90.7%	Pathologists	0.0						
Total Discharges	605	Total Admissions	586	Nursing home	3.7	Bereavement Counselors	0.5						
		DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	3.2						
DISCHARGES BY LENGTH OF STAY		OF OCCURRENCE		Assisted living:		Dietary	0.0						
1 - 7 days	30.4%	Private residence	67.7%	Residential care		Volunteer Coordinator	0.5						
8 - 14 days	18.3	Nursing home	9.1	apt. complex	0.0	Chaplain	1.7						
15 - 30 days	18.7	Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	2.5						
31 - 60 days	14.9	Assisted living:		Community-based		Other	0.0						
61 - 90 days	6.9	Residential care		res. facility	1.9	Total FTEs	26.7						
91 - 180 days	5.5	apt. complex	0.0	Inpatient facility	3.7	* Full-time equivalents							
181 days - 1 year	5.0	Adult family home	0.0	Other site	0.0	Volunteers who served patients of the hospice in 2001:							
1 year or more	0.3	Community-based		Caseload	54	10							
Total Discharges	605	res. facility	0.6			Total hours of service provided during 2001 by these volunteers:							
		Inpatient facility	22.7			1,681							
		Other site	0.0										
		Total Deaths	507										

Hospice Preferred Choice
 4861 South 27th Street
 Greenfield WI 53221

License Number: 549
 County: Milwaukee
 (414) 282-4041

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Ownership of Hospice:	Proprietary Corporation	December 31, 2001 Caseload:	62
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	326
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	49
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	4.9%	Medicare	24.2%
20 to 54	3.7	(cancer)	22.1%	Hospital	2.8	Medicaid	6.5
55 to 64	4.6	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	69.4
65 to 74	13.8	disease	10.7	Patient's family	7.4	Managed Care/HMO	0.0
75 to 84	31.9	Pulmonary disease	4.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	35.0	Renal failure/		Nursing home	77.9	Private Insurance	0.0
95 & over	11.0	kidney disease	4.0	Other	7.1	Self Pay	0.0
Total Patients	326	Diabetes	0.3	Total Patients	326	Other	0.0
		Alzheimer's disease	20.9			Caseload	62
Male	33.4%	AIDS	0.6				
Female	66.6	ALS	0.3				
Total Patients	326	Other	37.1				
		Total Patients	326				
TOTAL ADMISSIONS	308						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	285	Medicare	44.8%	Routine home care	99.9%	Administrators	1.0
		Medicaid	6.2	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	47.4	Inpatient care: acute		Registered Nurses	7.5
Hospice care not		Managed Care/HMO	0.6	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
appropriate	9.8%	PACE/Partnership	0.0	Respite care	0.1	Hospice Aides	5.2
Transferred:		Private Insurance	0.3	Total Patient Days	17,811	Physical Therapists	0.0
care provided by		Self Pay	0.6			Occupational Therapists	0.0
another hospice	0.4	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	308	Private residence	14.5%	Pathologists	0.0
hospice benefit	13.3			Nursing home	69.4	Bereavement Counselors	0.5
Other	0.0	DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	1.5
Deaths	76.5	OF OCCURRENCE		Assisted living:		Dietary	0.1
Total Discharges	285	Private residence	9.6%	Residential care		Volunteer Coordinator	0.0
		Nursing home	83.0	apt. complex	0.0	Chaplain	1.0
		Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	2.0
		Assisted living:		Community-based		Other	1.0
		Residential care		res. facility	16.1	Total FTEs	19.8
		apt. complex	0.0	Inpatient facility	0.0		
		Adult family home	0.0	Other site	0.0	* Full-time equivalents	
		Community-based		Caseload	62	Volunteers who served	
		res. facility	7.3			patients of the	
		Inpatient facility	0.0			hospice in 2001:	22
		Other site	0.0				
		Total Deaths	218			Total hours of	
						service provided	
						during 2001 by these	
						volunteers:	1,507

Covenant Hospice/Palliative Care
 9688 West Appleton Avenue
 Milwaukee WI 53225

License Number: 556
 County: Milwaukee
 (414) 535-7070

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Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 46
 Unduplicated Patient Count for 2001: 529
 Average Daily Census: 57
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	42.2%	Medicare	84.8%
20 to 54	9.5	(cancer)	65.8%	Hospital	36.9	Medicaid	8.7
55 to 64	13.4	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	19.5	disease	12.5	Patient's family	0.9	Managed Care/HMO	6.5
75 to 84	30.6	Pulmonary disease	5.1	Home health agency	9.6	PACE/Partnership	0.0
85 to 94	21.9	Renal failure/		Nursing home	9.8	Private Insurance	0.0
95 & over	4.0	kidney disease	2.3	Other	0.6	Self Pay	0.0
Total Patients	529	Diabetes	0.0	Total Patients	529	Other	0.0
		Alzheimer's disease	1.9			Caseload	46
Male	46.9%	AIDS	0.6				
Female	53.1	ALS	0.2				
Total Patients	529	Other	11.7				
		Total Patients	529				
TOTAL ADMISSIONS	491						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	500	Medicare	72.5%	Routine home care	98.8%	Administrators	1.0
		Medicaid	4.9	Continuous care	0.0	Physicians	0.0
		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	9.0
REASON FOR DISCHARGE		Managed Care/HMO	11.2	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
Hospice care not appropriate	8.2%	PACE/Partnership	0.0	Respite care	0.3	Hospice Aides	2.6
Transferred:		Private Insurance	11.2	Total Patient Days	20,903	Physical Therapists	0.0
care provided by another hospice	2.6	Self Pay	0.2			Occupational Therapists	0.0
Revocation of hospice benefit	5.6	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Other	4.8	Total Admissions	491	Private residence	93.5%	Bereavement Counselors	0.4
Deaths	78.8			Nursing home	6.5	Social Workers	3.5
Total Discharges	500	DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	85.3%	Assisted living:		Volunteer Coordinator	0.6
		Nursing home	7.1	Residential care		Chaplain	1.8
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	0.0
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	18.9
DISCHARGES BY LENGTH OF STAY		Community-based		res. facility	0.0		
1 - 7 days	30.2%	res. facility	0.8	Inpatient facility	0.0	* Full-time equivalents	
8 - 14 days	14.6	Inpatient facility	6.9	Other site	0.0		
15 - 30 days	19.4	Other site	0.0	Caseload	46	Volunteers who served patients of the hospice in 2001:	29
31 - 60 days	14.0	Total Deaths	394				
61 - 90 days	10.0						
91 - 180 days	8.4						
181 days - 1 year	3.0						
1 year or more	0.4						
Total Discharges	500					Total hours of service provided during 2001 by these volunteers:	938

Heartland Home Health Care & Hospice
 1845 North Farwell Avenue, Suite 301
 Milwaukee WI 53202

License Number: 2003
 County: Milwaukee
 (414) 273-7466

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Ownership of Hospice:	Proprietary Corporation	December 31, 2001 Caseload:	22
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	103
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	14
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	32.0%	Medicare	90.9%
20 to 54	4.9	(cancer)	41.7%	Hospital	3.9	Medicaid	9.1
55 to 64	4.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	17.5	disease	18.4	Patient's family	4.9	Managed Care/HMO	0.0
75 to 84	27.2	Pulmonary disease	12.6	Home health agency	13.6	PACE/Partnership	0.0
85 to 94	38.8	Renal failure/		Nursing home	39.8	Private Insurance	0.0
95 & over	6.8	kidney disease	1.0	Other	5.8	Self Pay	0.0
Total Patients	103	Diabetes	2.9	Total Patients	103	Other	0.0
		Alzheimer's disease	11.7			Caseload	22
Male	38.8%	AIDS	0.0				
Female	61.2	ALS	0.0				
Total Patients	103	Other	11.7				
		Total Patients	103				
TOTAL ADMISSIONS	101						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	83	Medicare	90.1%	Routine home care	56.6%	Administrators	2.3
		Medicaid	3.0	Continuous care	42.9	Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	5.8
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	0.5	Lic. Prac. Nurses	0.1
appropriate	3.6%	PACE/Partnership	0.0	Respite care	0.1	Hospice Aides	5.3
Transferred:		Private Insurance	6.9	Total Patient Days	5,196	Physical Therapists	0.0
care provided by		Self Pay	0.0			Occupational Therapists	0.0
another hospice	2.4	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	101	Private residence	59.1%	Pathologists	0.0
hospice benefit	4.8			Nursing home	27.3	Bereavement Counselors	0.5
Other	0.0			Hospice res. fac.	0.0	Social Workers	1.5
Deaths	89.2	DEATHS BY SITE		Assisted living:		Dietary	0.5
Total Discharges	83	OF OCCURRENCE		Residential care		Volunteer Coordinator	0.8
		Private residence	35.1%	apt. complex	0.0	Chaplain	0.8
		Nursing home	60.8	Adult family home	0.0	Clerical/Office Support	3.6
		Hospice res. fac.	0.0	Community-based		Other	0.0
		Assisted living:		res. facility	13.6	Total FTEs	21.1
DISCHARGES BY LENGTH OF STAY		Residential care		Inpatient facility	0.0		
1 - 7 days	28.9%	apt. complex	0.0	Other site	0.0	* Full-time equivalents	
8 - 14 days	20.5	Adult family home	0.0	Caseload	22	Volunteers who served	
15 - 30 days	24.1	Community-based				patients of the	
31 - 60 days	8.4	res. facility	4.1			hospice in 2001:	10
61 - 90 days	4.8	Inpatient facility	0.0				
91 - 180 days	7.2	Other site	0.0			Total hours of	
181 days - 1 year	6.0	Total Deaths	74			service provided	
1 year or more	0.0					during 2001 by these	
Total Discharges	83					volunteers:	227

Heartland Home Health Care & Hospice
 1845 North Farwell Avenue, Suite 301
 Milwaukee WI 53202

License Number: 2005
 County: Milwaukee
 (414) 273-7466

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Ownership of Hospice:	Proprietary Corporation	December 31, 2001 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	14
Title 19 (Medicaid) Certified?	No	Average Daily Census:	3
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	7.1%	Medicare	100.0%
20 to 54	0.0	(cancer)	14.3%	Hospital	7.1	Medicaid	0.0
55 to 64	7.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.4	disease	7.1	Patient's family	14.3	Managed Care/HMO	0.0
75 to 84	14.3	Pulmonary disease	21.4	Home health agency	21.4	PACE/Partnership	0.0
85 to 94	50.0	Renal failure/		Nursing home	28.6	Private Insurance	0.0
95 & over	7.1	kidney disease	21.4	Other	21.4	Self Pay	0.0
Total Patients	14	Diabetes	0.0	Total Patients	14	Other	0.0
		Alzheimer's disease	21.4			Caseload	1
Male	42.9%	AIDS	0.0				
Female	57.1	ALS	0.0				
Total Patients	14	Other	14.3				
		Total Patients	14				
TOTAL ADMISSIONS	13						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	13	Medicare	100.0%	Routine home care	98.9%	Administrators	1.0
		Medicaid	0.0	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	2.0
Hospice care not appropriate	38.5%	Managed Care/HMO	0.0	symptom mgmt	1.1	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Respite care	0.0	Hospice Aides	1.2
care provided by another hospice	0.0	Private Insurance	0.0	Total Patient Days	959	Physical Therapists	0.0
Revocation of hospice benefit	15.4	Self Pay	0.0			Occupational Therapists	0.0
Other	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	46.2	Total Admissions	13	Private residence	0.0%	Bereavement Counselors	0.3
Total Discharges	13			Nursing home	100.0	Social Workers	0.5
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.1
		Private residence	16.7%	Assisted living:		Volunteer Coordinator	0.5
		Nursing home	83.3	Residential care		Chaplain	0.3
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	2.0
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	7.8
		apt. complex	0.0	res. facility	0.0		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	0.0	Caseload	1	Volunteers who served patients of the hospice in 2001:	4
		Inpatient facility	0.0				
		Other site	0.0			Total hours of service provided during 2001 by these volunteers:	15
		Total Deaths	6				
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	23.1%						
8 - 14 days	7.7						
15 - 30 days	15.4						
31 - 60 days	15.4						
61 - 90 days	7.7						
91 - 180 days	30.8						
181 days - 1 year	0.0						
1 year or more	0.0						
Total Discharges	13						

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December 31, 2001 Caseload:	16
Unduplicated Patient Count for 2001:	191
Average Daily Census:	13
Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDUPLICATED PATIENT		COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		COUNT		CASELOAD ON 12/31/01		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	1.6%	Medicare	100.0%								
20 to 54	0.0	(cancer)	61.3%	Hospital	58.1	Medicaid	0.0								
55 to 64	5.2	Cardiovascular		Self-referral	1.6	Medicare/Medicaid	0.0								
65 to 74	24.6	disease	5.8	Patient's family	12.6	Managed Care/HMO	0.0								
75 to 84	42.4	Pulmonary disease	7.3	Home health agency	18.8	PACE/Partnership	0.0								
85 to 94	25.1	Renal failure/		Nursing home	4.7	Private Insurance	0.0								
95 & over	2.6	kidney disease	4.2	Other	2.6	Self Pay	0.0								
Total Patients	191	Diabetes	0.0	Total Patients	191	Other	0.0								
		Alzheimer's disease	3.7			Caseload	16								
Male	32.5%	AIDS	0.0												
Female	67.5	ALS	0.5												
Total Patients	191	Other	17.3												
		Total Patients	191												
TOTAL ADMISSIONS		179		ADMISSIONS BY PAY SOURCE				PATIENT DAYS BY				STAFFING		FTEs*	
TOTAL DISCHARGES		176		Medicare		95.5%		Routine home care		92.3%		Administrators		1.0	
				Medicaid		0.0		Continuous care		0.0		Physicians		0.1	
REASON FOR DISCHARGE				Medicare/Medicaid		0.0		Inpatient care: acute				Registered Nurses		7.2	
Hospice care not				Managed Care/HMO		2.2		symptom mgmt		7.3		Lic. Prac. Nurses		0.6	
appropriate	0.6%			PACE/Partnership		0.0		Respite care		0.4		Hospice Aides		5.6	
Transferred:				Private Insurance		1.7		Total Patient Days		4,808		Physical Therapists		0.0	
care provided by				Self Pay		0.6						Occupational Therapists		0.0	
another hospice	1.1			Other		0.0		CASELOAD ON 12/31/01				Speech/Language			
Revocation of				Total Admissions		179		BY LIVING ARRANGEMENTS				Pathologists		0.0	
hospice benefit	1.1							Private residence		0.0%		Bereavement Counselors		0.3	
Other	2.3			DEATHS BY SITE				Nursing home		0.0		Social Workers		0.8	
Deaths	94.9			OF OCCURRENCE				Hospice res. fac.		100.0		Dietary		1.4	
Total Discharges	176			Private residence		0.0%		Assisted living:				Volunteer Coordinator		0.3	
				Nursing home		0.0		Residential care				Chaplain		0.8	
DISCHARGES BY				Hospice res. fac.		65.9		apt. complex		0.0		Clerical/Office Support		0.4	
LENGTH OF STAY				Assisted living:				Adult family home		0.0		Other		0.0	
1 - 7 days	44.3%			Residential care				Community-based				Total FTEs		18.3	
8 - 14 days	22.7			apt. complex		0.0		res. facility		0.0					
15 - 30 days	18.2			Adult family home		0.0		Inpatient facility		0.0		* Full-time equivalents			
31 - 60 days	6.3			Community-based				Other site		0.0		Volunteers who served			
61 - 90 days	4.0			res. facility		0.0		Caseload		16		patients of the			
91 - 180 days	3.4			Inpatient facility		34.1						hospice in 2001:		17	
181 days - 1 year	0.0			Other site		0.0						Total hours of			
1 year or more	1.1			Total Deaths		167						service provided			
Total Discharges	176											during 2001 by these			
												volunteers:		2,182	

December 31, 2001 Caseload:	5
Unduplicated Patient Count for 2001:	395
Average Daily Census:	8
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT COUNT		UNDUPLICATED PATIENT COUNT		UNDUPLICATED PATIENT COUNT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	48.4%	Medicare	0.0%
20 to 54	12.2	(cancer)	60.0%	Hospital	0.0	Medicaid	0.0
55 to 64	7.8	Cardiovascular		Self-referral	33.2	Medicare/Medicaid	0.0
65 to 74	20.0	disease	14.7	Patient's family	0.0	Managed Care/HMO	100.0
75 to 84	36.7	Pulmonary disease	2.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/ kidney disease	0.5	Nursing home	0.0	Private Insurance	0.0
95 & over	3.3	Diabetes	0.0	Other	18.5	Self Pay	0.0
Total Patients	395	Alzheimer's disease	0.0	Total Patients	395	Other	0.0
		AIDS	0.5			Caseload	5
Male	44.8%	ALS	0.0				
Female	55.2	Other	21.8	PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
Total Patients	395	Total Patients	395	Routine home care	0.0%	Administrators	1.0
TOTAL ADMISSIONS	397			Continuous care	0.0	Physicians	1.0
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute symptom mgmt	100.0	Registered Nurses	12.2
TOTAL DISCHARGES	395	Medicare	22.7%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	2.0	Total Patient Days	2,739	Hospice Aides	1.9
REASON FOR DISCHARGE		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not appropriate	1.0%	Managed Care/HMO	74.8	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Occupational Therapists	0.0
Transferred: care provided by another hospice	16.7	PACE/Partnership	0.0	Private residence	0.0%	Speech/Language Pathologists	0.0
Revocation of hospice benefit	0.0	Private Insurance	0.0	Nursing home	0.0	Bereavement Counselors	0.2
Other	12.7	Self Pay	0.0	Hospice res. fac.	0.0	Social Workers	0.3
Deaths	69.6	Other	0.5	Assisted living:		Dietary	0.0
Total Discharges	395	Total Admissions	397	Residential care apt. complex	0.0	Volunteer Coordinator	0.0
		DEATHS BY SITE OF OCCURRENCE		Adult family home	0.0	Chaplain	0.5
		Private residence	0.0%	Community-based res. facility	0.0	Clerical/Office Support	1.0
		Nursing home	0.0	Inpatient facility	100.0	Other	0.0
		Hospice res. fac.	0.0	Other site	0.0	Total FTEs	18.1
DISCHARGES BY LENGTH OF STAY		Assisted living:		Caseload	5	* Full-time equivalents	
1 - 7 days	69.9%	Residential care apt. complex	0.0			Volunteers who served patients of the hospice in 2001:	20
8 - 14 days	17.5	Adult family home	0.0				
15 - 30 days	10.6	Community-based res. facility	0.0			Total hours of service provided during 2001 by these volunteers:	1,636
31 - 60 days	2.0	Inpatient facility	100.0				
61 - 90 days	0.0	Other site	0.0				
91 - 180 days	0.0	Total Deaths	275				
181 days - 1 year	0.0						
1 year or more	0.0						
Total Discharges	395						

VNA of Wisconsin Hospice
11333 West National Avenue
Milwaukee WI 53227

License Number: 1528
County: Milwaukee
(414) 327-2295

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2001 Caseload: 102
Unduplicated Patient Count for 2001: 972
Average Daily Census: 83
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	2.3%	Malignant neoplasm		Physician	30.8%	Medicare	79.4%
20 to 54	8.2	(cancer)	75.0%	Hospital	30.2	Medicaid	4.9
55 to 64	11.1	Cardiovascular		Self-referral	10.5	Medicare/Medicaid	0.0
65 to 74	23.7	disease	9.3	Patient's family	0.0	Managed Care/HMO	1.0
75 to 84	31.5	Pulmonary disease	6.0	Home health agency	22.1	PACE/Partnership	0.0
85 to 94	21.3	Renal failure/		Nursing home	4.9	Private Insurance	13.7
95 & over	2.0	kidney disease	0.2	Other	1.4	Self Pay	1.0
Total Patients	972	Diabetes	0.0	Total Patients	972	Other	0.0
		Alzheimer's disease	2.5			Caseload	102
Male	46.7%	AIDS	0.4				
Female	53.3	ALS	0.6				
Total Patients	972	Other	6.1				
		Total Patients	972				
TOTAL ADMISSIONS	910						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	881	Medicare	80.0%	Routine home care	98.5%	Administrators	4.0
		Medicaid	3.4	Continuous care	0.0	Physicians	0.2
		Medicare/Medicaid	2.0	Inpatient care: acute		Registered Nurses	11.3
REASON FOR DISCHARGE		Managed Care/HMO	0.0	symptom mgmt	1.3	Lic. Prac. Nurses	1.2
Hospice care not		PACE/Partnership	0.0	Respite care	0.2	Hospice Aides	9.0
appropriate	6.5%	Private Insurance	14.6	Total Patient Days	30,272	Physical Therapists	0.0
Transferred:		Self Pay	0.0			Occupational Therapists	0.0
care provided by		Other	0.0			Speech/Language	
another hospice	1.4	Total Admissions	910	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Pathologists	0.0
Revocation of				Private residence	88.2%	Bereavement Counselors	1.0
hospice benefit	1.1			Nursing home	2.0	Social Workers	3.3
Other	0.0			Hospice res. fac.	4.9	Dietary	0.0
Deaths	91.0	DEATHS BY SITE		Assisted living:		Volunteer Coordinator	2.0
Total Discharges	881	OF OCCURRENCE		Residential care		Chaplain	1.0
		Private residence	70.1%	apt. complex	0.0	Clerical/Office Support	3.0
		Nursing home	2.9	Adult family home	0.0	Other	10.0
		Hospice res. fac.	19.8	Community-based		Total FTEs	45.9
DISCHARGES BY LENGTH OF STAY		Assisted living:		res. facility	3.9		
1 - 7 days	33.9%	Residential care		Inpatient facility	1.0	* Full-time equivalents	
8 - 14 days	16.3	apt. complex	0.0	Other site	0.0		
15 - 30 days	20.1	Adult family home	0.0	Caseload	102	Volunteers who served	
31 - 60 days	13.2	Community-based				patients of the	
61 - 90 days	6.6	res. facility	4.2			hospice in 2001:	171
91 - 180 days	6.8	Inpatient facility	3.0				
181 days - 1 year	2.3	Other site	0.0			Total hours of	
1 year or more	0.8	Total Deaths	802			service provided	
Total Discharges	881					during 2001 by these	
						volunteers:	5,504

Vitas Healthcare Corporation of Wisconsin
2675 North Mayfair Road, Suite 480
Wauwatosa WI 53226

License Number: 547
County: Milwaukee
(414) 257-2600

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Ownership of Hospice:	Proprietary Corporation	December 31, 2001 Caseload:	115
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	870
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	120
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/01 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasms (cancer) 40.8%	Physician 19.5%	Medicare 95.7%
20 to 54 3.0	Cardiovascular disease 13.3	Hospital 21.3	Medicaid 0.9
55 to 64 5.3	Pulmonary disease 7.0	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 7.7	Renal failure/kidney disease 2.6	Patient's family 6.4	Managed Care/HMO 0.0
75 to 84 23.7	Diabetes 0.0	Home health agency 0.9	PACE/Partnership 0.0
85 to 94 58.6	Alzheimer's disease 16.9	Nursing home 42.5	Private Insurance 3.5
95 & over 1.7	AIDS 0.3	Other 9.3	Self Pay 0.0
Total Patients 870	ALS 0.6	Total Patients 870	Other 0.0
Male 37.9%	Other 18.4		Caseload 115
Female 62.1	Total Patients 870		
Total Patients 870			
TOTAL ADMISSIONS 774	ADMISSIONS BY PAY SOURCE	PATIENT DAYS BY LEVEL OF CARE	STAFFING FTEs*
TOTAL DISCHARGES 771	Medicare 89.4%	Routine home care 93.9%	Administrators 1.0
REASON FOR DISCHARGE	Medicaid 4.4	Continuous care 2.0	Physicians 0.5
Hospice care not appropriate 5.1%	Medicare/Medicaid 0.0	Inpatient care: acute symptom mgmt 3.9	Registered Nurses 19.4
Transferred: care provided by another hospice 1.4	Managed Care/HMO 0.1	Respite care 0.2	Lic. Prac. Nurses 8.1
Revocation of hospice benefit 4.3	PACE/Partnership 0.0	Total Patient Days 43,861	Hospice Aides 13.1
Other 0.4	Private Insurance 5.6		Physical Therapists 0.0
Deaths 88.8	Self Pay 0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS	Occupational Therapists 0.0
Total Discharges 771	Other 0.5	Private residence 42.6%	Speech/Language Pathologists 0.0
	Total Admissions 774	Nursing home 49.6	Bereavement Counselors 0.4
		Hospice res. fac. 0.0	Social Workers 2.4
		Assisted living: Residential care	Dietary 0.0
		apt. complex 0.0	Volunteer Coordinator 0.4
		Adult family home 0.0	Chaplain 2.0
		Community-based res. facility 3.5	Clerical/Office Support 5.4
		Inpatient facility 4.3	Other 4.0
		Other site 0.0	Total FTEs 56.6
		Caseload 115	
DISCHARGES BY LENGTH OF STAY	DEATHS BY SITE OF OCCURRENCE		* Full-time equivalents
1 - 7 days 34.5%	Private residence 20.1%		Volunteers who served patients of the hospice in 2001: 43
8 - 14 days 14.0	Nursing home 52.7		
15 - 30 days 16.1	Hospice res. fac. 0.0		
31 - 60 days 13.4	Assisted living: Residential care		
61 - 90 days 6.2	apt. complex 0.0		
91 - 180 days 8.6	Adult family home 0.0		
181 days - 1 year 5.8	Community-based res. facility 0.7		
1 year or more 1.4	Inpatient facility 26.4		
Total Discharges 771	Other site 0.0		
	Total Deaths 685		
			Total hours of service provided during 2001 by these volunteers: 2,143

Odyssey Healthcare of Milwaukee, Inc.
 10150 West National Avenue, Suite 200
 West Allis WI 53227

License Number: 553
 County: Milwaukee
 (414) 546-3200

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Ownership of Hospice:	Proprietary Partnership	December 31, 2001 Caseload:	140
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	647
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	135
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	2.3%	Medicare	33.6%
20 to 54	2.3	(cancer)	19.6%	Hospital	2.2	Medicaid	2.9
55 to 64	2.6	Cardiovascular		Self-referral	0.2	Medicare/Medicaid	62.9
65 to 74	9.1	disease	14.5	Patient's family	1.4	Managed Care/HMO	0.0
75 to 84	34.0	Pulmonary disease	6.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	42.0	Renal failure/		Nursing home	94.0	Private Insurance	0.0
95 & over	9.9	kidney disease	3.2	Other	0.0	Self Pay	0.0
Total Patients	647	Diabetes	0.3	Total Patients	647	Other	0.7
		Alzheimer's disease	31.5			Caseload	140
Male	31.8%	AIDS	0.3				
Female	68.2	ALS	0.0				
Total Patients	647	Other	23.8				
		Total Patients	647				
TOTAL ADMISSIONS	529						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	512	Medicare	17.6%	Routine home care	99.9%	Administrators	5.0
		Medicaid	3.4	Continuous care	0.1	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	77.7	Inpatient care: acute		Registered Nurses	11.1
Hospice care not appropriate	5.7%	Managed Care/HMO	0.0	symptom mgmt	0.0	Lic. Prac. Nurses	3.0
Transferred:		PACE/Partnership	0.0	Respite care	0.0	Hospice Aides	13.4
care provided by another hospice	1.4	Private Insurance	0.9	Total Patient Days	49,202	Physical Therapists	0.0
Revocation of hospice benefit	4.5	Self Pay	0.4			Occupational Therapists	0.0
Other	0.6	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	87.9	Total Admissions	529	Private residence	11.4%	Bereavement Counselors	1.0
Total Discharges	512			Nursing home	88.6	Social Workers	4.0
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	6.0%	Assisted living:		Volunteer Coordinator	1.0
		Nursing home	94.0	Residential care		Chaplain	3.7
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	7.5
		Assisted living:		Adult family home	0.0	Other	3.0
		Residential care		Community-based		Total FTEs	52.7
		apt. complex	0.0	res. facility	0.0		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	0.0	Caseload	140	Volunteers who served patients of the hospice in 2001:	252
		Inpatient facility	0.0				
		Other site	0.0			Total hours of service provided during 2001 by these volunteers:	1,094
DISCHARGES BY LENGTH OF STAY		Total Deaths	450				
1 - 7 days	29.1%						
8 - 14 days	16.2						
15 - 30 days	16.6						
31 - 60 days	8.4						
61 - 90 days	6.6						
91 - 180 days	10.0						
181 days - 1 year	9.8						
1 year or more	3.3						
Total Discharges	512						

Hospice Touch
300 Butts Avenue
Tomah WI 54660

License Number: 531
County: Monroe
(608) 374-0250

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2001 Caseload: 12
Unduplicated Patient Count for 2001: 110
Average Daily Census: 10
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	59.1%	Medicare	83.3%
20 to 54	9.1	(cancer)	71.8%	Hospital	21.8	Medicaid	16.7
55 to 64	19.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.8	disease	10.9	Patient's family	16.4	Managed Care/HMO	0.0
75 to 84	25.5	Pulmonary disease	6.4	Home health agency	2.7	PACE/Partnership	0.0
85 to 94	20.9	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	3.6	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	110	Diabetes	0.9	Total Patients	110	Other	0.0
		Alzheimer's disease	1.8			Caseload	12
Male	56.4%	AIDS	0.0				
Female	43.6	ALS	1.8				
Total Patients	110	Other	6.4				
		Total Patients	110				
TOTAL ADMISSIONS	109						
TOTAL DISCHARGES	100						
REASON FOR DISCHARGE							
Hospice care not appropriate	3.0%						
Transferred:							
care provided by another hospice	1.0						
Revocation of hospice benefit	8.0						
Other	0.0						
Deaths	88.0						
Total Discharges	100						
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	31.0%						
8 - 14 days	20.0						
15 - 30 days	24.0						
31 - 60 days	11.0						
61 - 90 days	6.0						
91 - 180 days	6.0						
181 days - 1 year	2.0						
1 year or more	0.0						
Total Discharges	100						

ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING FTEs*	
Medicare	79.8%	Routine home care	97.7%	Administrators	1.0
Medicaid	3.7	Continuous care	0.1	Physicians	0.0
Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	4.8
Managed Care/HMO	0.0	symptom mgmt	1.8	Lic. Prac. Nurses	1.7
PACE/Partnership	0.0	Respite care	0.5	Hospice Aides	5.9
Private Insurance	15.6	Total Patient Days	3,762	Physical Therapists	0.0
Self Pay	0.9			Occupational Therapists	0.0
Other	0.0			Speech/Language Pathologists	0.0
Total Admissions	109			Bereavement Counselors	0.2
				Social Workers	1.0
				Dietary	0.0
				Volunteer Coordinator	0.6
				Chaplain	0.2
				Clerical/Office Support	1.0
				Other	0.0
				Total FTEs	16.4

DEATHS BY SITE OF OCCURRENCE		CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		* Full-time equivalents	
Private residence	59.1%	Private residence	83.3%	Volunteers who served patients of the hospice in 2001:	51
Nursing home	0.0	Nursing home	0.0		
Hospice res. fac.	23.9	Hospice res. fac.	16.7		
Assisted living:		Assisted living:			
Residential care		Residential care			
apt. complex	0.0	apt. complex	0.0		
Adult family home	0.0	Adult family home	0.0		
Community-based		Community-based			
res. facility	0.0	res. facility	0.0		
Inpatient facility	17.0	Inpatient facility	0.0		
Other site	0.0	Other site	0.0		
Total Deaths	88	Caseload	12		

Total hours of service provided during 2001 by these volunteers:	1,781
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Ministry Home Care, Inc.
1860 North Stevens Street
Rhineland WI 54501

License Number: 522
County: Oneida
(715) 369-6471

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	14
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	110
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	15
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/01 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 53.6%	Physician 41.8%	Medicare 85.7%
20 to 54 7.3	(cancer)	Hospital 23.6	Medicaid 0.0
55 to 64 14.5	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 15.5	disease 24.5	Patient's family 10.9	Managed Care/HMO 0.0
75 to 84 23.6	Pulmonary disease 3.6	Home health agency 10.0	PACE/Partnership 0.0
85 to 94 33.6	Renal failure/	Nursing home 8.2	Private Insurance 14.3
95 & over 5.5	kidney disease 1.8	Other 5.5	Self Pay 0.0
Total Patients 110	Diabetes 0.0	Total Patients 110	Other 0.0
	Alzheimer's disease 1.8		Caseload 14
Male 52.7%	AIDS 0.0		
Female 47.3	ALS 0.0		
Total Patients 110	Other 14.5		
	Total Patients 110		
TOTAL ADMISSIONS 98		PATIENT DAYS BY LEVEL OF CARE	STAFFING FTEs*
	ADMISSIONS BY PAY SOURCE	Routine home care 98.7%	Administrators 1.0
TOTAL DISCHARGES 98	Medicare 78.6%	Continuous care 0.0	Physicians 0.1
	Medicaid 4.1	Inpatient care: acute	Registered Nurses 1.8
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	symptom mgmt 0.7	Lic. Prac. Nurses 0.0
Hospice care not	Managed Care/HMO 0.0	Respite care 0.6	Hospice Aides 1.6
appropriate 7.1%	PACE/Partnership 0.0	Total Patient Days 5,403	Physical Therapists 0.0
Transferred:	Private Insurance 15.3		Occupational Therapists 0.0
care provided by	Self Pay 1.0	CASELOAD ON 12/31/01	Speech/Language
another hospice 0.0	Other 1.0	BY LIVING ARRANGEMENTS	Pathologists 0.0
Revocation of	Total Admissions 98	Private residence 78.6%	Bereavement Counselors 0.5
hospice benefit 2.0		Nursing home 7.1	Social Workers 0.8
Other 0.0		Hospice res. fac. 0.0	Dietary 0.0
Deaths 90.8	DEATHS BY SITE	Assisted living:	Volunteer Coordinator 0.5
Total Discharges 98	OF OCCURRENCE	Residential care	Chaplain 0.3
	Private residence 77.5%	apt. complex 0.0	Clerical/Office Support 0.8
	Nursing home 15.7	Adult family home 0.0	Other 0.0
	Hospice res. fac. 0.0	Community-based	Total FTEs 7.3
DISCHARGES BY LENGTH OF STAY	Assisted living:	res. facility 14.3	
1 - 7 days 19.4%	Residential care	Inpatient facility 0.0	* Full-time equivalents
8 - 14 days 19.4	apt. complex 0.0	Other site 0.0	
15 - 30 days 23.5	Adult family home 0.0	Caseload 14	Volunteers who served
31 - 60 days 10.2	Community-based		patients of the
61 - 90 days 9.2	res. facility 0.0		hospice in 2001: 54
91 - 180 days 9.2	Inpatient facility 6.7		
181 days - 1 year 5.1	Other site 0.0		Total hours of
1 year or more 4.1	Total Deaths 89		service provided
Total Discharges 98			during 2001 by these
			volunteers: 3,463

Dr. Kate Hospice
 240 Maple Street, PO Box 770
 Woodruff WI 54568

License Number: 1509
 County: Oneida
 (715) 356-8805

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	20
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	144
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	24
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	48.6%	Medicare	90.0%
20 to 54	6.3	(cancer)	64.6%	Hospital	32.6	Medicaid	5.0
55 to 64	5.6	Cardiovascular		Self-referral	0.7	Medicare/Medicaid	0.0
65 to 74	28.5	disease	13.2	Patient's family	12.5	Managed Care/HMO	0.0
75 to 84	29.9	Pulmonary disease	6.3	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	27.1	Renal failure/		Nursing home	0.7	Private Insurance	0.0
95 & over	2.8	kidney disease	4.2	Other	3.5	Self Pay	0.0
Total Patients	144	Diabetes	0.0	Total Patients	144	Other	5.0
		Alzheimer's disease	0.7			Caseload	20
Male	54.9%	AIDS	0.0				
Female	45.1	ALS	0.7				
Total Patients	144	Other	10.4				
		Total Patients	144				
TOTAL ADMISSIONS	134						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	128	Medicare	85.8%	Routine home care	98.2%	Administrators	0.6
		Medicaid	3.0	Continuous care	0.0	Physicians	0.0
		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	2.3
REASON FOR DISCHARGE		Managed Care/HMO	0.0	symptom mgmt	0.7	Lic. Prac. Nurses	0.0
Hospice care not		PACE/Partnership	0.0	Respite care	1.1	Hospice Aides	6.8
appropriate	2.3%	Private Insurance	10.4	Total Patient Days	8,662	Physical Therapists	0.0
Transferred:		Self Pay	0.0			Occupational Therapists	0.0
care provided by		Other	0.7	CASELOAD ON 12/31/01		Speech/Language	
another hospice	1.6	Total Admissions	134	BY LIVING ARRANGEMENTS		Pathologists	0.0
Revocation of				Private residence	85.0%	Bereavement Counselors	0.4
hospice benefit	5.5			Nursing home	0.0	Social Workers	1.0
Other	2.3			Hospice res. fac.	15.0	Dietary	0.0
Deaths	88.3	DEATHS BY SITE		Assisted living:		Volunteer Coordinator	0.5
Total Discharges	128	OF OCCURRENCE		Residential care		Chaplain	0.4
		Private residence	89.4%	apt. complex	0.0	Clerical/Office Support	1.0
		Nursing home	1.8	Adult family home	0.0	Other	0.8
		Hospice res. fac.	8.0	Community-based		Total FTEs	13.8
DISCHARGES BY LENGTH OF STAY		Assisted living:		res. facility	0.0		
1 - 7 days	28.1%	Residential care		Inpatient facility	0.0	* Full-time equivalents	
8 - 14 days	9.4	apt. complex	0.0	Other site	0.0		
15 - 30 days	18.8	Adult family home	0.0	Caseload	20	Volunteers who served	
31 - 60 days	19.5	Community-based				patients of the	
61 - 90 days	7.8	res. facility	0.0			hospice in 2001:	69
91 - 180 days	11.7	Inpatient facility	0.9				
181 days - 1 year	3.1	Other site	0.0			Total hours of	
1 year or more	1.6	Total Deaths	113			service provided	
Total Discharges	128					during 2001 by these	
						volunteers:	6,507

Ministry Home Care, Inc.
2501 Main Street, Suite A
Stevens Point WI 54481

License Number: 503
County: Portage
(715) 346-5355

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	24
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	106
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	23
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/01 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 62.3%	Physician 39.6%	Medicare 75.0%
20 to 54 8.5	(cancer)	Hospital 27.4	Medicaid 4.2
55 to 64 15.1	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 8.3
65 to 74 24.5	disease 7.5	Patient's family 20.8	Managed Care/HMO 0.0
75 to 84 31.1	Pulmonary disease 6.6	Home health agency 3.8	PACE/Partnership 0.0
85 to 94 17.9	Renal failure/	Nursing home 6.6	Private Insurance 8.3
95 & over 2.8	kidney disease 0.9	Other 1.9	Self Pay 4.2
Total Patients 106	Diabetes 0.0	Total Patients 106	Other 0.0
	Alzheimer's disease 7.5		Caseload 24
Male 39.6%	AIDS 0.0		
Female 60.4	ALS 1.9		
Total Patients 106	Other 13.2		
	Total Patients 106		
TOTAL ADMISSIONS 88		PATIENT DAYS BY LEVEL OF CARE	STAFFING FTEs*
	ADMISSIONS BY PAY SOURCE	Routine home care 98.1%	Administrators 1.0
TOTAL DISCHARGES 82	Medicare 71.6%	Continuous care 0.0	Physicians 0.0
	Medicaid 8.0	Inpatient care: acute	Registered Nurses 4.5
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	symptom mgmt 1.5	Lic. Prac. Nurses 0.0
Hospice care not	Managed Care/HMO 3.4	Respite care 0.4	Hospice Aides 1.0
appropriate 3.7%	PACE/Partnership 0.0	Total Patient Days 8,417	Physical Therapists 0.0
Transferred:	Private Insurance 17.0		Occupational Therapists 0.0
care provided by	Self Pay 0.0	CASELOAD ON 12/31/01	Speech/Language
another hospice 1.2	Other 0.0	BY LIVING ARRANGEMENTS	Pathologists 0.0
Revocation of	Total Admissions 88	Private residence 79.2%	Bereavement Counselors 1.0
hospice benefit 3.7		Nursing home 12.5	Social Workers 0.6
Other 0.0		Hospice res. fac. 0.0	Dietary 0.0
Deaths 91.5	DEATHS BY SITE	Assisted living:	Volunteer Coordinator 1.0
Total Discharges 82	OF OCCURRENCE	Residential care	Chaplain 0.6
	Private residence 61.3%	apt. complex 0.0	Clerical/Office Support 1.0
	Nursing home 10.7	Adult family home 0.0	Other 0.0
	Hospice res. fac. 0.0	Community-based	Total FTEs 10.7
DISCHARGES BY LENGTH OF STAY	Assisted living:	res. facility 8.3	
1 - 7 days 14.6%	Residential care	Inpatient facility 0.0	* Full-time equivalents
8 - 14 days 15.9	apt. complex 0.0	Other site 0.0	
15 - 30 days 20.7	Adult family home 0.0	Caseload 24	Volunteers who served
31 - 60 days 18.3	Community-based		patients of the
61 - 90 days 9.8	res. facility 8.0		hospice in 2001: 41
91 - 180 days 12.2	Inpatient facility 20.0		
181 days - 1 year 8.5	Other site 0.0		Total hours of
1 year or more 0.0	Total Deaths 75		service provided
Total Discharges 82			during 2001 by these
			volunteers: 2,357

Flambeau Home Health & Hospice
605 Peterson Drive
Phillips WI 54555

License Number: 552
County: Price
(715) 339-4371

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 10
Unduplicated Patient Count for 2001: 53
Average Daily Census: 7
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	20.8%	Medicare	90.0%
20 to 54	0.0	(cancer)	66.0%	Hospital	35.8	Medicaid	0.0
55 to 64	9.4	Cardiovascular		Self-referral	3.8	Medicare/Medicaid	10.0
65 to 74	24.5	disease	15.1	Patient's family	3.8	Managed Care/HMO	0.0
75 to 84	37.7	Pulmonary disease	7.5	Home health agency	30.2	PACE/Partnership	0.0
85 to 94	28.3	Renal failure/		Nursing home	5.7	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	53	Diabetes	0.0	Total Patients	53	Other	0.0
		Alzheimer's disease	1.9			Caseload	10
Male	39.6%	AIDS	0.0				
Female	60.4	ALS	0.0				
Total Patients	53	Other	9.4				
		Total Patients	53				
TOTAL ADMISSIONS	47						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	44	Medicare	70.2%	Routine home care	97.9%	Administrators	0.4
		Medicaid	0.0	Continuous care	0.2	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	21.3	Inpatient care: acute		Registered Nurses	3.0
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
appropriate	0.0%	PACE/Partnership	0.0	Respite care	1.1	Hospice Aides	1.0
Transferred:		Private Insurance	8.5	Total Patient Days	2,539	Physical Therapists	0.0
care provided by		Self Pay	0.0			Occupational Therapists	0.0
another hospice	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	47	Private residence	90.0%	Pathologists	0.0
hospice benefit	2.3			Nursing home	10.0	Bereavement Counselors	0.5
Other	0.0	DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	1.0
Deaths	97.7	OF OCCURRENCE		Assisted living:		Dietary	0.0
Total Discharges	44	Private residence	72.1%	Residential care		Volunteer Coordinator	0.5
		Nursing home	18.6	apt. complex	0.0	Chaplain	0.0
		Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	0.5
		Assisted living:		Community-based		Other	0.0
		Residential care		res. facility	0.0	Total FTEs	7.0
		apt. complex	0.0	Inpatient facility	0.0		
		Adult family home	0.0	Other site	0.0	* Full-time equivalents	
		Community-based		Caseload	10		
		res. facility	2.3			Volunteers who served	
		Inpatient facility	7.0			patients of the	
		Other site	0.0			hospice in 2001:	38
		Total Deaths	43				
DISCHARGES BY LENGTH OF STAY						Total hours of	
1 - 7 days	11.4%					service provided	
8 - 14 days	13.6					during 2001 by these	
15 - 30 days	38.6					volunteers:	1,628
31 - 60 days	20.5						
61 - 90 days	2.3						
91 - 180 days	11.4						
181 days - 1 year	2.3						
1 year or more	0.0						
Total Discharges	44						

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	30
Unduplicated Patient Count for 2001:	170
Average Daily Census:	22
Medicare Certified Inpatient Facility?	No

30
170
22
No

[illegible]

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December 31, 2001 Caseload:	13
Unduplicated Patient Count for 2001:	107
Average Daily Census:	17
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	27.1%	Medicare	84.6%
20 to 54	9.3	(cancer)	63.6%	Hospital	31.8	Medicaid	0.0
55 to 64	12.1	Cardiovascular		Self-referral	2.8	Medicare/Medicaid	15.4
65 to 74	17.8	disease	12.1	Patient's family	13.1	Managed Care/HMO	0.0
75 to 84	29.9	Pulmonary disease	4.7	Home health agency	7.5	PACE/Partnership	0.0
85 to 94	24.3	Renal failure/		Nursing home	4.7	Private Insurance	0.0
95 & over	6.5	kidney disease	2.8	Other	13.1	Self Pay	0.0
Total Patients	107	Diabetes	0.0	Total Patients	107	Other	0.0
		Alzheimer's disease	4.7			Caseload	13
Male	42.1%	AIDS	0.9				
Female	57.9	ALS	1.9	PATIENT DAYS BY			
Total Patients	107	Other	9.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	107	Routine home care	99.8%	Administrators	0.2
TOTAL ADMISSIONS	93			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Registered Nurses	2.6
TOTAL DISCHARGES	96	Medicare	79.6%	symptom mgmt	0.1	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	0.2	Hospice Aides	0.4
REASON FOR DISCHARGE		Medicare/Medicaid	5.4	Total Patient Days	6,128	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	7.5			Occupational Therapists	0.0
appropriate	13.5%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	6.5	BY LIVING ARRANGEMENTS		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	30.8%	Bereavement Counselors	0.2
another hospice	1.0	Other	1.1	Nursing home	15.4	Social Workers	0.6
Revocation of		Total Admissions	93	Hospice res. fac.	23.1	Dietary	0.0
hospice benefit	1.0			Assisted living:		Volunteer Coordinator	0.1
Other	1.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	83.3	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.0
Total Discharges	96	Private residence	73.8%	Adult family home	0.0	Other	0.0
		Nursing home	8.8	Community-based		Total FTEs	4.0
DISCHARGES BY		Hospice res. fac.	13.8	res. facility	30.8		
LENGTH OF STAY		Assisted living:		inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	18.8%	Residential care		Other site	0.0		
8 - 14 days	13.5	apt. complex	0.0	Caseload	13	Volunteers who served	
15 - 30 days	19.8	Adult family home	0.0			patients of the	
31 - 60 days	13.5	Community-based				hospice in 2001:	6
61 - 90 days	14.6	res. facility	0.0				
91 - 180 days	15.6	Inpatient facility	3.8			Total hours of	
181 days - 1 year	4.2	Other site	0.0			service provided	
1 year or more	0.0	Total Deaths	80			during 2001 by these	
Total Discharges	96					volunteers:	324

Heartland Hospice
455 Davis Street, PO Box 487
Hammond WI 54015

License Number: 1521
County: St. Croix
(715) 796-2223

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 10
Unduplicated Patient Count for 2001: 73
Average Daily Census: 10
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	17.8%	Medicare	100.0%
20 to 54	8.2	(cancer)	84.9%	Hospital	43.8	Medicaid	0.0
55 to 64	12.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	24.7	disease	5.5	Patient's family	23.3	Managed Care/HMO	0.0
75 to 84	35.6	Pulmonary disease	1.4	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	16.4	Renal failure/		Nursing home	9.6	Private Insurance	0.0
95 & over	2.7	kidney disease	4.1	Other	4.1	Self Pay	0.0
Total Patients	73	Diabetes	0.0	Total Patients	73	Other	0.0
		Alzheimer's disease	0.0			Caseload	10
Male	52.1%	AIDS	0.0				
Female	47.9	ALS	1.4	PATIENT DAYS BY LEVEL OF CARE			
Total Patients	73	Other	2.7	Routine home care	98.9%	STAFFING FTEs*	
		Total Patients	73	Continuous care	0.0	Administrators	1.0
TOTAL ADMISSIONS	63			Inpatient care: acute		Physicians	0.0
TOTAL DISCHARGES	63	ADMISSIONS BY PAY SOURCE		symptom mgmt	0.1	Registered Nurses	1.5
		Medicare	82.5%	Respite care	1.0	Lic. Prac. Nurses	0.1
		Medicaid	6.3	Total Patient Days	3,768	Hospice Aides	0.4
		Medicare/Medicaid	0.0	Physical Therapists 0.0			
REASON FOR DISCHARGE		Managed Care/HMO	7.9	Occupational Therapists 0.0			
Hospice care not appropriate	3.2%	PACE/Partnership	0.0	Speech/Language Pathologists 0.0			
Transferred:		Private Insurance	3.2	Bereavement Counselors 0.3			
care provided by another hospice	1.6	Self Pay	0.0	Social Workers 0.6			
Revocation of hospice benefit	11.1	Other	0.0	Dietary 0.0			
Other	0.0	Total Admissions	63	Volunteer Coordinator 0.3			
Deaths	84.1	DEATHS BY SITE OF OCCURRENCE		Chaplain 0.2			
Total Discharges	63	Private residence	58.5%	Residential care apt. complex	0.0	Clerical/Office Support	0.8
		Nursing home	37.7	Adult family home	0.0	Other	0.0
		Hospice res. fac.	0.0	Community-based res. facility	0.0	Total FTEs	5.2
DISCHARGES BY LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	23.8%	Residential care		Other site	0.0	Volunteers who served patients of the hospice in 2001: 40	
8 - 14 days	12.7	apt. complex	0.0	Caseload	10	Total hours of service provided during 2001 by these volunteers: 1,151	
15 - 30 days	25.4	Adult family home	0.0				
31 - 60 days	17.5	Community-based res. facility	3.8				
61 - 90 days	11.1	Inpatient facility	0.0				
91 - 180 days	6.3	Other site	0.0				
181 days - 1 year	3.2	Total Deaths	53				
1 year or more	0.0						
Total Discharges	63						

Home Health United Hospice, Inc.
520 South Boulevard
Baraboo WI 53913

License Number: 1522
County: Sauk
(608) 356-2288

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 19
Unduplicated Patient Count for 2001: 212
Average Daily Census: 25
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	67.0%	Medicare	94.7%
20 to 54	9.9	(cancer)	78.8%	Hospital	31.6	Medicaid	0.0
55 to 64	12.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	28.8	disease	7.5	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	32.1	Pulmonary disease	4.7	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	14.2	Renal failure/		Nursing home	1.4	Private Insurance	5.3
95 & over	2.4	kidney disease	1.9	Other	0.0	Self Pay	0.0
Total Patients	212	Diabetes	0.0	Total Patients	212	Other	0.0
		Alzheimer's disease	0.0			Caseload	19
Male	49.1%	AIDS	0.0				
Female	50.9	ALS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Total Patients	212	Other	7.1	Routine home care	99.7%	STAFFING	FTEs*
		Total Patients	212	Continuous care	0.0	Administrators	1.0
TOTAL ADMISSIONS	197			Inpatient care: acute		Physicians	0.1
TOTAL DISCHARGES	202	ADMISSIONS BY PAY SOURCE		symptom mgmt	0.1	Registered Nurses	2.5
		Medicare	77.7%	Respite care	0.2	Lic. Prac. Nurses	0.0
		Medicaid	1.5	Total Patient Days	9,034	Hospice Aides	1.6
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS			
Hospice care not appropriate	0.5%	Managed Care/HMO	1.5	Private residence	78.9%	Physical Therapists	0.0
Transferred:		PACE/Partnership	0.0	Nursing home	0.0	Occupational Therapists	0.0
care provided by another hospice	1.0	Private Insurance	19.3	Hospice res. fac.	0.0	Speech/Language Pathologists	0.0
Revocation of hospice benefit	10.4	Self Pay	0.0	Assisted living:		Bereavement Counselors	0.5
Other	5.9	Other	0.0	Residential care		Social Workers	0.9
Deaths	82.2	DEATHS BY SITE OF OCCURRENCE		apt. complex	0.0	Dietary	0.0
Total Discharges	202	Private residence	86.1%	Adult family home	0.0	Volunteer Coordinator	0.5
		Nursing home	4.2	Community-based		Chaplain	0.7
		Hospice res. fac.	0.0	res. facility	21.1	Clerical/Office Support	0.0
DISCHARGES BY LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	Other	0.0
1 - 7 days	24.8%	Residential care		Other site	0.0	Total FTEs	7.9
8 - 14 days	17.8	apt. complex	0.0	Caseload	19		
15 - 30 days	21.3	Adult family home	0.0			* Full-time equivalents	
31 - 60 days	13.9	Community-based				Volunteers who served patients of the hospice in 2001:	74
61 - 90 days	9.4	res. facility	6.0				
91 - 180 days	7.9	Inpatient facility	3.6			Total hours of service provided during 2001 by these volunteers:	2,235
181 days - 1 year	4.0	Other site	0.0				
1 year or more	1.0	Total Deaths	166				
Total Discharges	202						

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December 31, 2001 Caseload:	6
Unduplicated Patient Count for 2001:	69
Average Daily Census:	9
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.4%	Malignant neoplasm		Physician	95.7%	Medicare	100.0%
20 to 54	10.1	(cancer)	79.7%	Hospital	2.9	Medicaid	0.0
55 to 64	10.1	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	27.5	disease	7.2	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	31.9	Pulmonary disease	1.4	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	15.9	Renal failure/		Nursing home	1.4	Private Insurance	0.0
95 & over	2.9	kidney disease	2.9	Other	0.0	Self Pay	0.0
Total Patients	69	Diabetes	1.4	Total Patients	69	Other	0.0
		Alzheimer's disease	0.0			Caseload	6
Male	53.6%	AIDS	0.0				
Female	46.4	ALS	2.9	PATIENT DAYS BY			
Total Patients	69	Other	4.3	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	69	Routine home care	98.9%	Administrators	1.0
TOTAL ADMISSIONS	70			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Registered Nurses	1.0
TOTAL DISCHARGES	69	Medicare	80.0%	symptom mgmt	0.9	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Respite care	0.1	Hospice Aides	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	3,173	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0			Occupational Therapists	0.0
appropriate	7.2%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	18.6	BY LIVING ARRANGEMENTS		Pathologists	0.0
care provided by		Self Pay	1.4	Private residence	66.7%	Bereavement Counselors	0.1
another hospice	2.9	Other	0.0	Nursing home	33.3	Social Workers	0.6
Revocation of		Total Admissions	70	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	1.4			Assisted living:		Volunteer Coordinator	0.5
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.0
Deaths	88.4	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.5
Total Discharges	69	Private residence	82.0%	Adult family home	0.0	Other	0.0
		Nursing home	14.8	Community-based		Total FTEs	4.8
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	18.8%	Residential care		Other site	0.0		
8 - 14 days	20.3	apt. complex	0.0	Caseload	6	Volunteers who served	
15 - 30 days	30.4	Adult family home	0.0			patients of the	
31 - 60 days	10.1	Community-based				hospice in 2001:	39
61 - 90 days	7.2	res. facility	0.0				
91 - 180 days	10.1	Inpatient facility	3.3			Total hours of	
181 days - 1 year	0.0	Other site	0.0			service provided	
1 year or more	2.9	Total Deaths	61			during 2001 by these	
Total Discharges	69					volunteers:	662

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	37.5%	Medicare	94.1%
20 to 54	4.2	(cancer)	75.0%	Hospital	6.7	Medicaid	5.9
55 to 64	7.5	Cardiovascular		Self-referral	17.5	Medicare/Medicaid	0.0
65 to 74	30.8	disease	7.5	Patient's family	33.3	Managed Care/HMO	0.0
75 to 84	35.8	Pulmonary disease	2.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	19.2	Renal failure/		Nursing home	2.5	Private Insurance	0.0
95 & over	2.5	kidney disease	6.7	Other	2.5	Self Pay	0.0
Total Patients	120	Diabetes	0.8	Total Patients	120	Other	0.0
		Alzheimer's disease	0.8			Caseload	17
Male	47.5%	AIDS	0.0				
Female	52.5	ALS	0.0	PATIENT DAYS BY			
Total Patients	120	Other	6.7	LEVEL OF CARE			
		Total Patients	120	Routine home care	99.6%	STAFFING	FTEs*
TOTAL ADMISSIONS	116			Continuous care	0.0	Administrators	0.6
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.0
TOTAL DISCHARGES	108	Medicare	87.9%	symptom mgmt	0.0	Registered Nurses	2.9
		Medicaid	0.9	Respite care	0.3	Lic. Prac. Nurses	0.3
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	4,824	Hospice Aides	0.3
Hospice care not		Managed Care/HMO	0.0			Physical Therapists	0.0
appropriate	5.6%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Occupational Therapists	0.0
Transferred:		Private Insurance	11.2	BY LIVING ARRANGEMENTS		Speech/Language	
care provided by		Self Pay	0.0	Private residence	52.9%	Pathologists	0.0
another hospice	0.0	Other	0.0	Nursing home	35.3	Bereavement Counselors	1.0
Revocation of		Total Admissions	116	Hospice res. fac.	0.0	Social Workers	0.2
hospice benefit	0.0			Assisted living:		Dietary	0.0
Other	0.0	DEATHS BY SITE		Residential care		Volunteer Coordinator	0.1
Deaths	94.4	OF OCCURRENCE		apt. complex	0.0	Chaplain	0.0
Total Discharges	108	Private residence	70.6%	Adult family home	0.0	Clerical/Office Support	0.3
		Nursing home	22.5	Community-based		Other	0.0
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	11.8	Total FTEs	5.6
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0		
1 - 7 days	28.7%	Residential care		Other site	0.0	* Full-time equivalents	
8 - 14 days	18.5	apt. complex	0.0	Caseload	17	Volunteers who served	
15 - 30 days	18.5	Adult family home	0.0			patients of the	
31 - 60 days	11.1	Community-based				hospice in 2001:	20
61 - 90 days	5.6	res. facility	5.9				
91 - 180 days	13.0	Inpatient facility	1.0			Total hours of	
181 days - 1 year	2.8	Other site	0.0			service provided	
1 year or more	1.9	Total Deaths	102			during 2001 by these	
Total Discharges	108					volunteers:	538

VNA of Wisconsin Hospice-Sheboygan
2314 Kohler Memorial Drive
Sheboygan WI 53081

License Number: 529
County: Sheboygan
(800) 686-4314

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 30
Unduplicated Patient Count for 2001: 271
Average Daily Census: 33
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	27.7%	Medicare	80.0%
20 to 54	7.4	(cancer)	64.6%	Hospital	51.3	Medicaid	6.7
55 to 64	10.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.0	disease	10.7	Patient's family	4.4	Managed Care/HMO	0.0
75 to 84	30.3	Pulmonary disease	4.4	Home health agency	8.5	PACE/Partnership	0.0
85 to 94	25.8	Renal failure/		Nursing home	7.7	Private Insurance	13.3
95 & over	4.1	kidney disease	4.4	Other	0.4	Self Pay	0.0
Total Patients	271	Diabetes	0.0	Total Patients	271	Other	0.0
		Alzheimer's disease	2.2			Caseload	30
Male	53.1%	AIDS	0.0				
Female	46.9	ALS	0.0				
Total Patients	271	Other	13.7				
		Total Patients	271				
TOTAL ADMISSIONS	243						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	243	Medicare	83.1%	Routine home care	98.6%	Administrators	1.0
		Medicaid	1.6	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	12.4
Hospice care not appropriate	0.8%	Managed Care/HMO	0.8	symptom mgmt	1.0	Lic. Prac. Nurses	3.1
Transferred:		PACE/Partnership	0.0	Respite care	0.4	Hospice Aides	21.8
care provided by another hospice	0.8	Private Insurance	14.4	Total Patient Days	11,877	Physical Therapists	2.0
Revocation of hospice benefit	4.1	Self Pay	0.0			Occupational Therapists	0.0
Other	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	94.2	Total Admissions	243	Private residence	76.7%	Bereavement Counselors	0.4
Total Discharges	243			Nursing home	16.7	Social Workers	2.0
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	69.4%	Assisted living:		Volunteer Coordinator	0.6
		Nursing home	20.1	Residential care		Chaplain	1.0
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	0.0
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	44.2
		apt. complex	0.0	res. facility	6.7		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	2.2	Caseload	30	Volunteers who served patients of the hospice in 2001:	35
		Inpatient facility	8.3			Total hours of service provided during 2001 by these volunteers:	1,163
		Other site	0.0				
		Total Deaths	229				
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	29.6%						
8 - 14 days	14.4						
15 - 30 days	15.6						
31 - 60 days	21.0						
61 - 90 days	2.5						
91 - 180 days	9.1						
181 days - 1 year	6.2						
1 year or more	1.6						
Total Discharges	243						

Hope Hospice & Palliative Care, Inc.
657 McComb Avenue
Rib Lake WI 54470

License Number: 1517
County: Taylor
(715) 427-3532

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 11
Unduplicated Patient Count for 2001: 67
Average Daily Census: 12
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.5%	Malignant neoplasms		Physician	92.5%	Medicare	100.0%
20 to 54	3.0	(cancer)	56.7%	Hospital	0.0	Medicaid	0.0
55 to 64	7.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	26.9	disease	11.9	Patient's family	6.0	Managed Care/HMO	0.0
75 to 84	41.8	Pulmonary disease	1.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	14.9	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	4.5	kidney disease	4.5	Other	1.5	Self Pay	0.0
Total Patients	67	Diabetes	0.0	Total Patients	67	Other	0.0
		Alzheimer's disease	4.5			Caseload	11
Male	44.8%	AIDS	0.0				
Female	55.2	ALS	1.5	PATIENT DAYS BY			
Total Patients	67	Other	19.4	LEVEL OF CARE		STAFFING	FTEs*
		Total Patients	67	Routine home care	99.8%	Administrators	1.0
TOTAL ADMISSIONS	58			Continuous care	0.0	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Registered Nurses	2.7
TOTAL DISCHARGES	58	Medicare	87.9%	symptom mgmt	0.0	Lic. Prac. Nurses	0.0
		Medicaid	1.7	Respite care	0.1	Hospice Aides	1.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	4,368	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	1.7			Occupational Therapists	0.0
appropriate	6.9%	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Speech/Language	
Transferred:		Private Insurance	8.6	BY LIVING ARRANGEMENTS		Pathologists	0.0
care provided by		Self Pay	0.0	Private residence	72.7%	Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Nursing home	27.3	Social Workers	0.2
Revocation of		Total Admissions	58	Hospice res. fac.	0.0	Dietary	0.0
hospice benefit	13.8			Assisted living:		Volunteer Coordinator	0.8
Other	0.0	DEATHS BY SITE		Residential care		Chaplain	0.3
Deaths	79.3	OF OCCURRENCE		apt. complex	0.0	Clerical/Office Support	0.8
Total Discharges	58	Private residence	63.0%	Adult family home	0.0	Other	0.0
		Nursing home	32.6	Community-based		Total FTEs	7.8
DISCHARGES BY		Hospice res. fac.	0.0	res. facility	0.0		
LENGTH OF STAY		Assisted living:		Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	10.3%	Residential care		Other site	0.0		
8 - 14 days	10.3	apt. complex	0.0	Caseload	11	Volunteers who served	
15 - 30 days	24.1	Adult family home	0.0			patients of the	
31 - 60 days	15.5	Community-based				hospice in 2001:	44
61 - 90 days	12.1	res. facility	4.3				
91 - 180 days	15.5	Inpatient facility	0.0			Total hours of	
181 days - 1 year	8.6	Other site	0.0			service provided	
1 year or more	3.4	Total Deaths	46			during 2001 by these	
Total Discharges	58					volunteers:	44

Vernon Memorial Hospice
507 South Main Street
Viroqua WI 54665

License Number: 514
County: Vernon
(608) 637-4362

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 2
Unduplicated Patient Count for 2001: 39
Average Daily Census: 4
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasms		Physician	56.4%	Medicare	100.0%
20 to 54	2.6	(cancer)	59.0%	Hospital	25.6	Medicaid	0.0
55 to 64	7.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	30.8	disease	15.4	Patient's family	5.1	Managed Care/HMO	0.0
75 to 84	30.8	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Nursing home	5.1	Private Insurance	0.0
95 & over	2.6	kidney disease	2.6	Other	7.7	Self Pay	0.0
Total Patients	39	Diabetes	2.6	Total Patients	39	Other	0.0
		Alzheimer's disease	5.1			Caseload	2
Male	46.2%	AIDS	0.0				
Female	53.8	ALS	2.6				
Total Patients	39	Other	12.8				
		Total Patients	39				
TOTAL ADMISSIONS	36						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	37	Medicare	88.9%	Routine home care	98.7%	Administrators	0.5
		Medicaid	0.0	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	1.0
Hospice care not		Managed Care/HMO	0.0	symptom mgmt	0.2	Lic. Prac. Nurses	0.0
appropriate	2.7%	PACE/Partnership	0.0	Respite care	1.1	Hospice Aides	0.6
Transferred:		Private Insurance	8.3	Total Patient Days	1,615	Physical Therapists	0.0
care provided by		Self Pay	2.8			Occupational Therapists	0.0
another hospice	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language	
Revocation of		Total Admissions	36	Private residence	0.0%	Pathologists	0.0
hospice benefit	2.7			Nursing home	100.0	Bereavement Counselors	0.2
Other	0.0	DEATHS BY SITE		Hospice res. fac.	0.0	Social Workers	0.4
Deaths	94.6	OF OCCURRENCE		Assisted living:		Dietary	0.0
Total Discharges	37	Private residence	65.7%	Residential care		Volunteer Coordinator	0.2
		Nursing home	25.7	apt. complex	0.0	Chaplain	0.0
		Hospice res. fac.	0.0	Adult family home	0.0	Clerical/Office Support	0.9
		Assisted living:		Community-based		Other	0.4
		Residential care		res. facility	0.0	Total FTEs	4.3
		apt. complex	0.0	Inpatient facility	0.0		
		Adult family home	0.0	Other site	0.0	* Full-time equivalents	
		Community-based		Caseload	2	Volunteers who served	
		res. facility	2.9			patients of the	
		Inpatient facility	5.7			hospice in 2001:	9
		Other site	0.0				
		Total Deaths	35			Total hours of	
DISCHARGES BY LENGTH OF STAY						service provided	
1 - 7 days	27.0%					during 2001 by these	
8 - 14 days	5.4					volunteers:	252
15 - 30 days	16.2						
31 - 60 days	21.6						
61 - 90 days	13.5						
91 - 180 days	8.1						
181 days - 1 year	8.1						
1 year or more	0.0						
Total Discharges	37						

December 31, 2001 Caseload:	4
Unduplicated Patient Count for 2001:	45
Average Daily Census:	5
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT		COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE			
Under 20	0.0%	Malignant neoplasm		Physician	28.9%	Medicare	75.0%								
20 to 54	6.7	(cancer)	82.2%	Hospital	31.1	Medicaid	0.0								
55 to 64	22.2	Cardiovascular		Self-referral	2.2	Medicare/Medicaid	0.0								
65 to 74	26.7	disease	11.1	Patient's family	22.2	Managed Care/HMO	0.0								
75 to 84	22.2	Pulmonary disease	2.2	Home health agency	4.4	PACE/Partnership	0.0								
85 to 94	15.6	Renal failure/		Nursing home	4.4	Private Insurance	25.0								
95 & over	6.7	kidney disease	2.2	Other	6.7	Self Pay	0.0								
Total Patients	45	Diabetes	0.0	Total Patients	45	Other	0.0								
		Alzheimer's disease	2.2			Caseload	4								
Male	48.9%	AIDS	0.0												
Female	51.1	ALS	0.0												
Total Patients	45	Other	0.0												
		Total Patients	45												
TOTAL ADMISSIONS		41		ADMISSIONS BY PAY SOURCE				PATIENT DAYS BY LEVEL OF CARE				STAFFING		FTEs*	
TOTAL DISCHARGES		41		Medicare		70.7%		Routine home care		99.7%		Administrators		0.4	
				Medicaid		7.3		Continuous care		0.0		Physicians		0.0	
REASON FOR DISCHARGE				Medicare/Medicaid		0.0		Inpatient care: acute				Registered Nurses		1.1	
Hospice care not appropriate		0.0%		Managed Care/HMO		0.0		symptom mgmt		0.0		Lic. Prac. Nurses		0.0	
Transferred:				PACE/Partnership		0.0		Respite care		0.3		Hospice Aides		0.4	
care provided by another hospice		0.0		Private Insurance		19.5		Total Patient Days		1,796		Physical Therapists		0.0	
Revocation of hospice benefit		9.8		Self Pay		0.0		CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS				Occupational Therapists		0.0	
Other		0.0		Other		2.4		Private residence		100.0%		Speech/Language			
Deaths		90.2		Total Admissions		41		Nursing home		0.0		Pathologists		0.0	
Total Discharges		41		DEATHS BY SITE OF OCCURRENCE				Hospice res. fac.		0.0		Bereavement Counselors		0.4	
				Private residence		97.3%		Assisted living:				Social Workers		0.4	
DISCHARGES BY LENGTH OF STAY				Nursing home		2.7		Residential care				Dietary		0.0	
1 - 7 days		31.7%		Hospice res. fac.		0.0		apt. complex		0.0		Volunteer Coordinator		0.0	
8 - 14 days		12.2		Assisted living:				Adult family home		0.0		Chaplain		0.0	
15 - 30 days		19.5		Residential care				Community-based				Clerical/Office Support		0.3	
31 - 60 days		17.1		apt. complex		0.0		res. facility		0.0		Other		0.0	
61 - 90 days		12.2		Adult family home		0.0		Inpatient facility		0.0		Total FTEs		3.0	
91 - 180 days		4.9		Community-based				Other site		0.0					
181 days - 1 year		0.0		res. facility		0.0		Caseload		4					
1 year or more		2.4		Inpatient facility		0.0									
Total Discharges		41		Other site		0.0									
				Total Deaths		37									

December 31, 2001 Caseload:	38
Unduplicated Patient Count for 2001:	299
Average Daily Census:	36
Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDUPLICATED PATIENT		COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT		COUNT	CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20		0.7%	Malignant neoplasm			Physician		55.9%	Medicare	78.9%
20 to 54		8.0	(cancer)		75.9%	Hospital		40.1	Medicaid	2.6
55 to 64		11.0	Cardiovascular disease			Self-referral		0.0	Medicare/Medicaid	0.0
65 to 74		22.4	Pulmonary disease		14.7	Patient's family		0.0	Managed Care/HMO	7.9
75 to 84		37.1	Renal failure/kidney disease		2.7	Home health agency		0.7	PACE/Partnership	0.0
85 to 94		17.4	Diabetes		2.0	Nursing home		3.3	Private Insurance	10.5
95 & over		3.3	Alzheimer's disease		0.0	Other		0.0	Self Pay	0.0
Total Patients		299	AIDS		1.7	Total Patients		299	Other	0.0
Male		49.2%	ALS		0.0				Caseload	38
Female		50.8	Other		0.7	PATIENT DAYS BY LEVEL OF CARE				
Total Patients		299	Total Patients		2.3	Routine home care		98.4%	STAFFING FTEs*	
TOTAL ADMISSIONS		253				Continuous care		0.0	Administrators	2.0
TOTAL DISCHARGES		266	ADMISSIONS BY PAY SOURCE			Inpatient care: acute symptom mgmt		1.0	Physicians	0.3
REASON FOR DISCHARGE			Medicare		75.9%	Respite care		0.6	Registered Nurses	10.5
Hospice care not appropriate		3.0%	Medicaid		1.6	Total Patient Days		13,240	Lic. Prac. Nurses	0.0
Transferred:			Medicare/Medicaid		0.8	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS			Hospice Aides	7.3
care provided by another hospice		0.4	Managed Care/HMO		8.7	Private residence		78.9%	Physical Therapists	0.0
Revocation of hospice benefit		1.9	PACE/Partnership		0.0	Nursing home		0.0	Occupational Therapists	0.0
Other		0.0	Private Insurance		12.6	Hospice res. fac.		10.5	Speech/Language Pathologists	0.0
Deaths		94.7	Self Pay		0.4	Assisted living: Residential care apt. complex		0.0	Bereavement Counselors	0.3
Total Discharges		266	Other		0.0	Adult family home		0.0	Social Workers	1.5
DISCHARGES BY LENGTH OF STAY			Total Admissions		253	Community-based res. facility		10.5	Dietary	0.0
1 - 7 days		28.2%	DEATHS BY SITE OF OCCURRENCE			Inpatient facility		0.0	Volunteer Coordinator	0.6
8 - 14 days		12.4	Private residence		63.9%	Other site		0.0	Chaplain	0.0
15 - 30 days		21.4	Nursing home		6.7	Caseload		38	Clerical/Office Support	1.0
31 - 60 days		17.3	Hospice res. fac.		18.3				Other	0.0
61 - 90 days		5.3	Assisted living: Residential care apt. complex		0.0				Total FTEs	23.4
91 - 180 days		10.2	Adult family home		0.0				* Full-time equivalents	
181 days - 1 year		4.9	Community-based res. facility		10.3				Volunteers who served patients of the hospice in 2001:	73
1 year or more		0.4	Inpatient facility		0.8				Total hours of service provided during 2001 by these volunteers:	3,334
Total Discharges		266	Other site		0.0					
			Total Deaths		252					

Affinity Visiting Nurses
 515 South Washburn, Suite 206
 Oshkosh WI 54904

License Number: 1526
 County: Winnebago
 (920) 236-8500

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Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2001 Caseload:	18
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2001:	202
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	25
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	1.5%	Malignant neoplasm		Physician	59.4%	Medicare	88.9%
20 to 54	6.4	(cancer)	71.3%	Hospital	31.2	Medicaid	0.0
55 to 64	10.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	20.8	disease	10.9	Patient's family	1.0	Managed Care/HMO	11.1
75 to 84	33.2	Pulmonary disease	2.0	Home health agency	1.5	PACE/Partnership	0.0
85 to 94	24.3	Renal failure/		Nursing home	5.9	Private Insurance	0.0
95 & over	3.0	kidney disease	1.5	Other	1.0	Self Pay	0.0
Total Patients	202	Diabetes	0.0	Total Patients	202	Other	0.0
		Alzheimer's disease	5.9			Caseload	18
Male	47.5%	AIDS	0.0				
Female	52.5	ALS	0.0				
Total Patients	202	Other	8.4				
		Total Patients	202				
TOTAL ADMISSIONS	183						
		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING	FTEs*
TOTAL DISCHARGES	191	Medicare	80.9%	Routine home care	99.6%	Administrators	1.0
		Medicaid	3.3	Continuous care	0.0	Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Inpatient care: acute		Registered Nurses	3.8
Hospice care not appropriate	8.4%	Managed Care/HMO	14.8	symptom mgmt	0.2	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Respite care	0.2	Hospice Aides	1.2
care provided by another hospice	1.6	Private Insurance	1.1	Total Patient Days	9,117	Physical Therapists	0.0
Revocation of hospice benefit	6.3	Self Pay	0.0			Occupational Therapists	0.0
Other	0.0	Other	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Deaths	83.8	Total Admissions	183	Private residence	94.4%	Bereavement Counselors	0.7
Total Discharges	191			Nursing home	5.6	Social Workers	1.5
		DEATHS BY SITE OF OCCURRENCE		Hospice res. fac.	0.0	Dietary	0.0
		Private residence	74.4%	Assisted living:		Volunteer Coordinator	0.4
		Nursing home	14.4	Residential care		Chaplain	0.6
		Hospice res. fac.	0.0	apt. complex	0.0	Clerical/Office Support	1.8
		Assisted living:		Adult family home	0.0	Other	0.0
		Residential care		Community-based		Total FTEs	11.0
		apt. complex	0.6	res. facility	0.0		
		Adult family home	0.0	Inpatient facility	0.0	* Full-time equivalents	
		Community-based		Other site	0.0		
		res. facility	8.1	Caseload	18	Volunteers who served patients of the hospice in 2001:	45
		Inpatient facility	2.5			Total hours of service provided during 2001 by these volunteers:	541
		Other site	0.0				
		Total Deaths	160				
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	23.6%						
8 - 14 days	14.1						
15 - 30 days	18.8						
31 - 60 days	16.2						
61 - 90 days	12.6						
91 - 180 days	9.9						
181 days - 1 year	4.2						
1 year or more	0.5						
Total Discharges	191						

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AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT COUNT		UNDUPLICATED PATIENT COUNT		UNDUPLICATED PATIENT COUNT		BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	89.6%	Medicare	88.4%
20 to 54	6.9	(cancer)	71.4%	Hospital	5.0	Medicaid	2.3
55 to 64	12.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	20.1	disease	10.0	Patient's family	1.5	Managed Care/HMO	0.0
75 to 84	38.2	Pulmonary disease	7.7	Home health agency	1.2	PACE/Partnership	0.0
85 to 94	19.3	Renal failure/ kidney disease	2.3	Nursing home	2.7	Private Insurance	9.3
95 & over	3.1	Diabetes	0.4	Other	0.0	Self Pay	0.0
Total Patients	259	Alzheimer's disease	1.9	Total Patients	259	Other	0.0
Male	42.9%	AIDS	0.0			Caseload	43
Female	57.1	ALS	1.2				
Total Patients	259	Other	5.0	PATIENT DAYS BY			
		Total Patients	259	LEVEL OF CARE		STAFFING	FTEs*
TOTAL ADMISSIONS	227			Routine home care	98.0%	Administrators	2.6
		ADMISSIONS BY PAY SOURCE		Continuous care	0.0	Physicians	0.3
TOTAL DISCHARGES	219	Medicare	81.9%	Inpatient care: acute symptom mgmt	2.0	Registered Nurses	4.6
		Medicaid	4.0	Respite care	0.0	Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Total Patient Days	14,520	Hospice Aides	1.6
Hospice care not appropriate	1.4%	Managed Care/HMO	0.0			Physical Therapists	0.0
Transferred: care provided by another hospice	1.4	PACE/Partnership	0.0	CASELOAD ON 12/31/01		Occupational Therapists	0.0
Revocation of hospice benefit	3.2	Private Insurance	13.2	BY LIVING ARRANGEMENTS		Speech/Language Pathologists	0.0
Other	0.0	Self Pay	0.9	Private residence	69.8%	Bereavement Counselors	1.0
Deaths	94.1	Other	0.0	Nursing home	14.0	Social Workers	2.0
Total Discharges	219	Total Admissions	227	Hospice res. fac.	16.3	Dietary	0.0
		DEATHS BY SITE		Assisted living:		Volunteer Coordinator	1.0
DISCHARGES BY		OF OCCURRENCE		Residential care		Chaplain	1.0
LENGTH OF STAY		Private residence	37.4%	apt. complex	0.0	Clerical/Office Support	2.0
1 - 7 days	20.1%	Nursing home	12.1	Adult family home	0.0	Other	0.0
8 - 14 days	17.4	Hospice res. fac.	36.9	Community-based		Total FTEs	16.1
15 - 30 days	19.6	Assisted living:		res. facility	0.0		
31 - 60 days	15.5	Residential care		Inpatient facility	0.0	* Full-time equivalents	
61 - 90 days	9.1	apt. complex	0.5	Other site	0.0		
91 - 180 days	10.5	Adult family home	0.0	Caseload	43	Volunteers who served patients of the hospice in 2001:	103
181 days - 1 year	6.4	Community-based					
1 year or more	1.4	res. facility	1.0			Total hours of service provided during 2001 by these volunteers:	3,967
Total Discharges	219	Inpatient facility	12.1				
		Other site	0.0				
		Total Deaths	206				

Hospice of Dubuque
2255 JFK Road, Asbury Square
Dubuque IA 52002

License Number: 562
County: Out of State
(563) 582-1220

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Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 3
Unduplicated Patient Count for 2001: 11
Average Daily Census: 2
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	18.2%	Medicare	100.0%
20 to 54	0.0	(cancer)	100.0%	Hospital	18.2	Medicaid	0.0
55 to 64	9.1	Cardiovascular		Self-referral	9.1	Medicare/Medicaid	0.0
65 to 74	27.3	disease	0.0	Patient's family	18.2	Managed Care/HMO	0.0
75 to 84	45.5	Pulmonary disease	0.0	Home health agency	9.1	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Nursing home	27.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	11	Diabetes	0.0	Total Patients	11	Other	0.0
		Alzheimer's disease	0.0			Caseload	3
Male	18.2%	AIDS	0.0				
Female	81.8	ALS	0.0				
Total Patients	11	Other	0.0				
		Total Patients	11				
TOTAL ADMISSIONS 7		ADMISSIONS BY PAY SOURCE		PATIENT DAYS BY LEVEL OF CARE		STAFFING FTEs*	
TOTAL DISCHARGES 8		Medicare 85.7%		Routine home care 100.0%		Administrators 0.2	
		Medicaid 0.0		Continuous care 0.0		Physicians 0.0	
		Medicare/Medicaid 0.0		Inpatient care: acute symptom mgmt 0.0		Registered Nurses 1.2	
		Managed Care/HMO 0.0		Respite care 0.0		Lic. Prac. Nurses 0.0	
		PACE/Partnership 0.0		Total Patient Days 704		Hospice Aides 0.2	
Hospice care not appropriate 0.0%		Private Insurance 14.3		CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Physical Therapists 0.0	
Transferred: care provided by another hospice 0.0		Self Pay 0.0		Private residence 33.3%		Occupational Therapists 0.0	
Revocation of hospice benefit 0.0		Other 0.0		Nursing home 33.3		Speech/Language Pathologists 0.0	
Other 0.0		Total Admissions 7		Hospice res. fac. 0.0		Bereavement Counselors 0.1	
Deaths 100.0		DEATHS BY SITE OF OCCURRENCE		Assisted living: Residential care		Social Workers 0.3	
Total Discharges 8		Private residence 50.0%		apt. complex 0.0		Dietary 0.0	
		Nursing home 37.5		Adult family home 0.0		Volunteer Coordinator 0.1	
		Hospice res. fac. 0.0		Community-based res. facility 0.0		Chaplain 0.1	
		Assisted living: Residential care		Inpatient facility 0.0		Clerical/Office Support 0.5	
		apt. complex 0.0		Other site 33.3		Other 0.0	
		Adult family home 0.0		Caseload 3		Total FTEs 2.6	
		Community-based res. facility 0.0				* Full-time equivalents	
		Inpatient facility 0.0				Volunteers who served patients of the hospice in 2001: 12	
		Other site 12.5				Total hours of service provided during 2001 by these volunteers: 129	
Total Discharges 8		Total Deaths 8					

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	3
Unduplicated Patient Count for 2001:	15
Average Daily Census:	2
Medicare Certified Inpatient Facility?	Yes

3
15
2
Yes

[illegible]

Marquette General Home Health & Hospice

Doctor's Park, Suite 101

Escanaba MI 49829

License Number:

551

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County:

Out of State

(906) 963-7877

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2001 Caseload: 0
 Unduplicated Patient Count for 2001: 16
 Average Daily Census: 2
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	31.3%	Medicare	0.0%
20 to 54	6.3	(cancer)	81.3%	Hospital	50.0	Medicaid	0.0
55 to 64	18.8	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	37.5	disease	0.0	Patient's family	12.5	Managed Care/HMO	0.0
75 to 84	37.5	Pulmonary disease	6.3	Home health agency	6.3	PACE/Partnership	0.0
85 to 94	0.0	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	6.3	Other	0.0	Self Pay	0.0
Total Patients	16	Diabetes	0.0	Total Patients	16	Other	0.0
		Alzheimer's disease	0.0			Caseload	0
Male	87.5%	AIDS	0.0				
Female	12.5	ALS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Total Patients	16	Other	6.3	Routine home care	100.0%	STAFFING	FTEs*
		Total Patients	16	Continuous care	0.0	Administrators	0.1
TOTAL ADMISSIONS	15			Inpatient care: acute		Physicians	0.0
		ADMISSIONS BY PAY SOURCE		symptom mgmt	0.0	Registered Nurses	0.1
TOTAL DISCHARGES	16	Medicare	73.3%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	6.7	Total Patient Days	605	Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	CASELOAD ON 12/31/01		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	BY LIVING ARRANGEMENTS		Speech/Language	
Transferred:		Private Insurance	13.3	Private residence	0.0%	Pathologists	0.0
care provided by		Self Pay	6.7	Nursing home	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.0
Revocation of		Total Admissions	15	Assisted living:		Dietary	0.0
hospice benefit	0.0			Residential care		Volunteer Coordinator	0.0
Other	6.3	DEATHS BY SITE		apt. complex	0.0	Chaplain	0.0
Deaths	93.8	OF OCCURRENCE		Adult family home	0.0	Clerical/Office Support	0.0
Total Discharges	16	Private residence	100.0%	Community-based		Other	0.0
		Nursing home	0.0	res. facility	0.0	Total FTEs	0.1
DISCHARGES BY		Hospice res. fac.	0.0	Inpatient facility	0.0		
LENGTH OF STAY		Assisted living:		Other site	0.0	* Full-time equivalents	
1 - 7 days	31.3%	Residential care		Caseload	0	Volunteers who served	
8 - 14 days	12.5	apt. complex	0.0			patients of the	
15 - 30 days	18.8	Adult family home	0.0			hospice in 2001:	3
31 - 60 days	18.8	Community-based					
61 - 90 days	6.3	res. facility	0.0			Total hours of	
91 - 180 days	12.5	Inpatient facility	0.0			service provided	
181 days - 1 year	0.0	Other site	0.0			during 2001 by these	
1 year or more	0.0	Total Deaths	15			volunteers:	32
Total Discharges	16						

License Number: 540
County: Out of State
(651) 385-3410

Ownership of Hospice:	Private Nonprofit
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	2
Unduplicated Patient Count for 2001:	8
Average Daily Census:	1
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm (cancer)	87.5%	Physician	50.0%	Medicare	50.0%
20 to 54	25.0	Cardiovascular disease	0.0	Hospital	37.5	Medicaid	0.0
55 to 64	12.5	Pulmonary disease	12.5	Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	25.0	Renal failure/ kidney disease	0.0	Patient's family	12.5	Managed Care/HMO	0.0
75 to 84	25.0	Diabetes	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	12.5	Alzheimer's disease	0.0	Nursing home	0.0	Private Insurance	50.0
95 & over	0.0	AIDS	0.0	Other	0.0	Self Pay	0.0
Total Patients	8	ALS	0.0	Total Patients	8	Other	0.0
Male	62.5%	Other	0.0			Caseload	2
Female	37.5	Total Patients	8	PATIENT DAYS BY LEVEL OF CARE		STAFFING FTEs*	
Total Patients	8			Routine home care	100.0%	Administrators	1.0
TOTAL ADMISSIONS	7	ADMISSIONS BY PAY SOURCE		Continuous care	0.0	Physicians	1.0
TOTAL DISCHARGES	6	Medicare	57.1%	Inpatient care: acute symptom mgmt	0.0	Registered Nurses	0.1
REASON FOR DISCHARGE		Medicaid	0.0	Respite care	0.0	Lic. Prac. Nurses	0.0
Hospice care not appropriate	0.0%	Medicare/Medicaid	0.0	Total Patient Days	412	Hospice Aides	0.1
Transferred: care provided by another hospice	0.0	Managed Care/HMO	0.0	CASELOAD ON 12/31/01 BY LIVING ARRANGEMENTS		Physical Therapists	0.0
Revocation of hospice benefit	0.0	PACE/Partnership	0.0	Private residence	100.0%	Occupational Therapists	0.0
Other	0.0	Private Insurance	42.9	Nursing home	0.0	Speech/Language Pathologists	0.0
Deaths	100.0	Self Pay	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.0
Total Discharges	6	Other	0.0	Assisted living: Residential care apt. complex	0.0	Social Workers	0.1
DISCHARGES BY LENGTH OF STAY		Total Admissions	7	Adult family home	0.0	Dietary	0.0
1 - 7 days	33.3%	DEATHS BY SITE OF OCCURRENCE		Community-based res. facility	0.0	Volunteer Coordinator	0.0
8 - 14 days	33.3	Private residence	100.0%	Inpatient facility	0.0	Chaplain	0.0
15 - 30 days	0.0	Nursing home	0.0	Other site	0.0	Clerical/Office Support	0.1
31 - 60 days	16.7	Hospice res. fac.	0.0	Caseload	2	Other	0.0
61 - 90 days	0.0	Assisted living: Residential care apt. complex	0.0			Total FTEs	2.3
91 - 180 days	16.7	Adult family home	0.0			* Full-time equivalents	
181 days - 1 year	0.0	Community-based res. facility	0.0			Volunteers who served patients of the hospice in 2001:	0
1 year or more	0.0	Inpatient facility	0.0			Total hours of service provided during 2001 by these volunteers:	
Total Discharges	6	Other site	0.0				
		Total Deaths	6				

December 31, 2001 Caseload:	25
Unduplicated Patient Count for 2001:	200
Average Daily Census:	33
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		CASELOAD ON 12/31/01 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	45.0%	Medicare	60.0%
20 to 54	10.5	(cancer)	75.0%	Hospital	0.0	Medicaid	28.0
55 to 64	15.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	24.0	disease	7.0	Patient's family	23.0	Managed Care/HMO	0.0
75 to 84	31.5	Pulmonary disease	4.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	16.0	Renal failure/		Nursing home	0.0	Private Insurance	12.0
95 & over	2.5	kidney disease	2.0	Other	32.0	Self Pay	0.0
Total Patients	200	Diabetes	0.0	Total Patients	200	Other	0.0
		Alzheimer's disease	5.0			Caseload	25
Male	51.5%	AIDS	0.5	PATIENT DAYS BY			
Female	48.5	ALS	1.0	LEVEL OF CARE			
Total Patients	200	Other	5.0	Routine home care	97.6%	STAFFING	FTEs*
		Total Patients	200	Continuous care	0.0	Administrators	0.2
TOTAL ADMISSIONS	187	ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.0
TOTAL DISCHARGES	183	Medicare	64.2%	symptom mgmt	1.8	Registered Nurses	1.4
		Medicaid	1.1	Respite care	0.6	Lic. Prac. Nurses	1.3
REASON FOR DISCHARGE		Medicare/Medicaid	14.4	Total Patient Days	12,068	Hospice Aides	0.0
Hospice care not appropriate	2.7%	Managed Care/HMO	0.0	CASELOAD ON 12/31/01		Physical Therapists	0.0
Transferred:		PACE/Partnership	0.0	BY LIVING ARRANGEMENTS		Occupational Therapists	0.0
care provided by another hospice	0.5	Private Insurance	20.3	Private residence	60.0%	Speech/Language	
Revocation of hospice benefit	7.7	Self Pay	0.0	Nursing home	28.0	Pathologists	0.0
Other	0.0	Other	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.1
Deaths	89.1	Total Admissions	187	Assisted living:		Social Workers	0.5
Total Discharges	183	DEATHS BY SITE		Residential care		Dietary	0.0
		OF OCCURRENCE		apt. complex	12.0	Volunteer Coordinator	0.0
DISCHARGES BY		Private residence	65.0%	Adult family home	0.0	Chaplain	0.0
LENGTH OF STAY		Nursing home	18.4	Community-based		Clerical/Office Support	0.0
1 - 7 days	16.9%	Hospice res. fac.	0.0	res. facility	0.0	Other	0.0
8 - 14 days	8.2	Assisted living:		Inpatient facility	0.0	Total FTEs	3.5
15 - 30 days	24.0	Residential care		Other site	0.0		
31 - 60 days	21.3	apt. complex	5.5	Caseload	25	* Full-time equivalents	
61 - 90 days	10.9	Adult family home	0.0			Volunteers who served patients of the hospice in 2001:	4
91 - 180 days	12.0	Community-based					
181 days - 1 year	4.9	res. facility	0.0			Total hours of service provided during 2001 by these volunteers:	69
1 year or more	1.6	Inpatient facility	11.0				
Total Discharges	183	Other site	0.0				
		Total Deaths	163				

December 31, 2001 Caseload:	15
Unduplicated Patient Count for 2001:	95
Average Daily Census:	12
Medicare Certified Inpatient Facility?	No

[illegible]

Winona Area Hospice
175 East Wabasha
Winona MN 55987

License Number: 561
County: Out of State
(507) 457-4468

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Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2001 Caseload:	0
Unduplicated Patient Count for 2001:	4
Average Daily Census:	0
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/01	
UNDUPLICATED PATIENT COUNT	COUNT	UNDUPLICATIONED PATIENT COUNT	COUNT	UNDUPLICATIONED PATIENT COUNT	COUNT	BY PAY SOURCE	FTEs*
Under 20	0.0%	Malignant neoplasm		Physician	50.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	100.0%	Hospital	25.0	Medicaid	0.0
55 to 64	50.0	Cardiovascular disease	0.0	Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	25.0	Pulmonary disease	0.0	Patient's family	25.0	Managed Care/HMO	0.0
75 to 84	0.0	Renal failure/kidney disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.0	Diabetes	0.0	Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	Alzheimer's disease	0.0	Other	0.0	Self Pay	0.0
Total Patients	4	AIDS	0.0	Total Patients	4	Other	0.0
		ALS	0.0			Caseload	0
Male	50.0%	Other	0.0				
Female	50.0	Total Patients	4				
Total Patients	4						
TOTAL ADMISSIONS	4						
TOTAL DISCHARGES	4						
REASON FOR DISCHARGE							
Hospice care not appropriate	0.0%						
Transferred:							
care provided by another hospice	0.0						
Revocation of hospice benefit	0.0						
Other	0.0						
Deaths	100.0						
Total Discharges	4						
DISCHARGES BY LENGTH OF STAY							
1 - 7 days	50.0%						
8 - 14 days	25.0						
15 - 30 days	0.0						
31 - 60 days	25.0						
61 - 90 days	0.0						
91 - 180 days	0.0						
181 days - 1 year	0.0						
1 year or more	0.0						
Total Discharges	4						

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7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
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30	2002	Ruth Hospice	Milwaukee	Milwaukee
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
33	547	Vitas Healthcare Corporation of Wisconsin	Wauwatosa	Milwaukee
34	553	Odyssey Healthcare of Milwaukee, Inc.	West Allis	Milwaukee
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